~~V0081~~   ~~AIDS (042) INVALID WITH ARC OR HIV~~ - *effective change as of 10/1/94.*

Guideline: All codes in categories 042, 043, and 044 are mutually exclusive and should never be listed together on the same record; that is, only one category in the 042-044 series can be assigned for a specific episode of care. More than one code from the same category can be used when different fourth digits apply. When the diagnostic statement makes reference to more than one level of HIV infection, category 042 takes precedence over either 043 and 044, and category 043 takes precedence over category 044.

V0081   Exclusive check (if match, error) - Z001

Diagnosis Table 3005	042.0	AIDS with specified infections
	042.1	AIDS causing other specified infections
	042.2	AIDS with specified malignant neoplasms
	042.9	AIDS, unspecified
Relational Table 3003	043.0	ARC causing lymphadenopathy
	043.1	ARC causing specified diseases of the central nervous system
	043.2	ARC causing other disorders involving the immune mechanism
	043.3	ARC causing other specified conditions
	043.9	ARC, unspecified
	044.0	HIV causing specified acute infections
	044.9	HIV, unspecified

References: MMWR and Coding Clinic for ICD-9-CM, AHA, July/Aug 1986, pages 17-21.

MMWR (Morbidity and Mortality Weekly Report, Dec 25, 1987, NCHS and CDC) and in Coding Clinic for ICD-9-CM, AHA, July/Aug 1987, pages 1-20.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 94; 1991, page 105.

~~V0082~~ ~~**ARC (043) INVALID WITH AIDS OR HIV**~~ - *effective change as of 10/1/94*

Guideline: All categories 042, 043, and 044 are mutually exclusive and should never be listed together on the same record; that is, codes from only category in the 042-044 series can be assigned for a specific episode of care. More than one code from the same category can be used when different fourth digits apply. When the diagnostic statement makes reference to more than one level of HIV infection, category 042 takes precedence over either 043 and 044, and category 043 takes precedence over category 044.

V0082   Exclusive check (if match, error) - Z002

Diagnosis Table 3005	043.0	ARC causing lymphadenopathy
	043.1	ARC causing specified diseases of central system
	043.2	ARC causing other disorders involving the immune mechanism
	043.3	ARC causing other specified conditions
	043.9	ARC, unspecified
Relational Table 3003	042.0	AIDS with specified infections
	042.1	AIDS causing other specified infections
	042.2	AIDS with specified malignant neoplasms
	042.9	AIDS, unspecified
	044.0	HIV causing specified acute infections
	044.9	HIV, unspecified

References: MMWR and Coding Clinic for ICD-9-CM, AHA, July/Aug 1986, pages 17-21.

    MMWR (Morbidity and Mortality Weekly Report, Dec 25, 1987, NCHS and CDC) and in Coding Clinic for ICD-9-CM, AHA, July/Aug 1987, pages 1-20.

    ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 94; 1991, page 105.

~~V0083~~ **~~HIV (044) INVALID WITH AIDS OR ARC~~** - *effective change as of 10/1/94*

Guideline: All categories 042, 043, and 044 are mutually exclusive and should never be listed together on the same record; that is, codes from only category in the 042-044 series can be assigned for a specific episode of care. More than one code from the same category can be used when different fourth digits apply. When the diagnostic statement makes reference to more than one level of HIV infection, category 042 takes precedence over either 043 and 044, and category 043 takes precedence over category 044.

V0083   Exclusive check (if match, error) - Z003

Diagnosis Table 3005	044.0	HIV causing specified acute infections
	044.9	HIV, unspecified
Relational Table 3003	042.0	AIDS with specified infections
	042.1	AIDS causing other specified infections
	042.2	AIDS with specified malignant neoplasms
	042.9	AIDS, unspecified
	043.0	ARC causing lymphadenopathy
	043.1	ARC causing specified diseases of the central nervous system
	043.2	ARC causing other disorders involving the immune mechanism
	043.3	ARC causing other specified conditions
	043.9	ARC, unspecified

References: MMWR and Coding Clinic for ICD-9-CM, AHA, July/Aug 1986, pages 17-21.

MMWR (Morbidity) and Mortality Weekly Report, Dec 25, 1987, NCHS and CDC) and in Coding Clinic for ICD-9-CM, AHA July/Aug 1987, pages 1-20.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 94; 1991, page 105.

V0084 **AIDS WITH HIV TEST RESULTS**

Guideline: A positive antibody test does not identify the presence of AIDS or HIV infection; it indicates only that HIV antibodies are present.   Patients previously diagnosed with any HIV illness (042) should never be assigned with codes 795.71, 795.8, and V08.

V0084   Exclusive check (if match, error) - Z004

Diagnosis Table 3005   042.   Human Immunodeficiency Virus [HIV] disease

Relational Table 3003   V08.   Asymptomatic human immunodeficiency virus [HIV] infection status *effective 10-1-94*

795.71   Nonspecific serologic evidence of Human Immunodeficiency Virus [HIV] *effective 10-1-94*

795.8   Positive serological or viral culture findings for Human Immunodeficiency Virus (HIV) *prior to 10-1-94*

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 106.

Coding Clinic for ICD-9-CM, AHA, 4th Quarter, 1994, page 30.

~~**V0085   CERTAIN AIDS-RELATED MANIFESTATIONS ARE INVALID WITH ARC OR HIV**~~ -
effective change as of 10/1/94

Guideline: When manifestations such as Kaposi's sarcoma are associated with the HIV condition, these are indicator diseases of AIDS. Certain manifestations are presumed to be due to AIDS regardless of the diagnostic statement and are so coded. Refer to the table published in the Coding Clinic for ICD-9-CM (July/August 1987 issue) which demonstrates how the correct code from the 042-044 series is to be used in coding an associated condition. When the diagnostic statement makes reference to more than one level of HIV infection, category 042 takes precedence over either 043 and 044, and category 043 takes precedence over category 044.

V0085   Exclusive check (if match, error) - Z005

Diagnosis Table 3005	007.2	Coccidiosis
	046.3	Progressive multifocal leukoencephalopathy
	112.4	Candidiasis of lung
	117.5	Cryptococcosis
	130.0	Meningoencephalitis due to toxoplasmosis
	130.1	Conjunctivitis due to toxoplasmosis
	130.2	Chorioretinitis due to toxoplasmosis
	130.3	Myocarditis due to toxoplasmosis
	130.4	Pneumonitis due to toxoplasmosis
	130.5	Hepatitis due to toxoplasmosis
	130.7	Toxoplasmosis of other specified sites
	130.8	Multisystemic disseminated toxoplasmosis
	130.9	Toxoplasmosis, unspecified
	136.3	Pneumocystosis
	176.0	Kaposi's sarcoma - skin
	176.1	Kaposi's sarcoma - soft tissue
	176.2	Kaposi's sarcoma - palate
	176.3	Kaposi's sarcoma - gastrointestinal sites
	176.4	Kaposi's sarcoma - lung
	176.5	Kaposi's sarcoma - lymph nodes
	176.8	Kaposi's sarcoma - other specified sites
	176.9	Kaposi's sarcoma - unspecified

~~V0085~~ ~~CERTAIN AIDS-RELATED MANIFESTATIONS ARE INVALID WITH ARC OR HIV~~ ~~CONTINUED~~ - *effective change as of 10/1/94*

V0085   Exclusive check (if match, error) - Z005

Diagnosis Table 3005	200.00	Reticulosarcoma - unspecified site
	200.01	Reticulosarcoma - lymph nodes of head, face, and neck
	200.02	Reticulosarcoma - intrathoracic lymph nodes
	200.03	Reticulosarcoma - intra-abdominal lymph nodes
	200.04	Reticulosarcoma - lymph nodes of axilla and upper limb
	200.05	Reticulosarcoma - lymph nodes of inguinal region and lower limb
	200.06	Reticulosarcoma - intrapelvic lymph nodes
	200.07	Reticulosarcoma - spleen
	200.08	Reticulosarcoma - lymph nodes of multiple sites
	200.20	Burkitt's tumor or lymphoma - unspecified site
	200.21	Burkitt's tumor or lymphoma - lymph nodes of head, face, and neck
	200.22	Burkitt's tumor or lymphoma - intrathoracic lymph nodes
	200.23	Burkitt's tumor or lymphoma - intra-abdominal lymph nodes
	200.24	Burkitt's tumor or lymphoma - lymph nodes of axilla and upper limb
	200.25	Burkitt's tumor or lymphoma - lymph nodes of inguinal region and lower limb
	200.26	Burkitt's tumor or lymphoma - intrapelvic lymph nodes
	200.27	Burkitt's tumor or lymphoma - spleen
	200.28	Burkitt's tumor or lymphoma - lymph nodes of multiple sites
	200.80	Other named variants - unspecified site
	200.81	Other named variants - lymph nodes of head, face, and neck
	200.82	Other named variants - intrathoracic lymph nodes
	200.83	Other named variants - intra-abdominal lymph nodes
	200.84	Other named variants - lymph nodes of axilla and upper limb
	200.85	Other named variants - lymph nodes of inguinal region and lower limb
	200.86	Other named variants - intrapelvic lymph nodes
	200.87	Other named variants - spleen
	200.88	Other named variants -lymph nodes of multiple sites

~~V0085~~ ~~CERTAIN AIDS-RELATED MANIFESTATIONS ARE INVALID WITH ARC OR HIV~~
~~CONTINUED~~ - *effective change as of 10/1/94*

V0085   Exclusive check (if match, error) - Z005

Diagnosis Table 3005	202.80	Other lymphomas - unspecified site
	202.81	Other lymphomas - lymph nodes of head, face, and neck
	202.82	Other lymphomas - intrathoracic lymph nodes
	202.83	Other lymphomas - intra-abdominal lymph nodes
	202.84	Other lymphomas - lymph nodes of axilla and upper limb
	202.85	Other lymphomas - lymph nodes of inguinal region and lower limb
	202.86	Other lymphomas - intrapelvic lymph nodes
	202.87	Other lymphomas - spleen
	202.88	Other lymphomas - lymph nodes of multiple sites
Relational Table 3003	043.0	ARC causing lymphadenopathy
	043.1	ARC causing specified diseases of the central nervous system
	043.2	ARC causing other disorders involving the immune mechanism
	043.3	ARC causing other specified conditions
	043.9	ARC, unspecified
	044.0	HIV causing specified acute infections
	044.9	HIV, unspecified

References: MMWR and Coding Clinic for ICD-9-CM, AHA, July/Aug 1986, pages 17-21

MMWR (Morbidity and Mortality Weekly Report, Dec 25, 1987, NCHS and CDC) and in Coding Clinic for ICD-9-CM, AHA, July/Aug 1987, pages 1-20

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 93-94; 1991, pages 104-105.

V0086   CANCER RECURRENCE versus HISTORY OF CANCER AT THE SAME SITE

Guideline: When the malignant neoplasm recurs after it has been excised or eradicated, it is coded as a malignant neoplasm of the stated site. Note that a code from the V10 category, History of malignancy, is not assigned when the neoplastic disease has recurred. For example, a primary carcinoma of the anterior wall of the urinary bladder that has been excised but has recurred in the lateral wall is coded to 188.2.

When a recurrence is discovered at the primary site, it should be coded as primary to that site. When there is no recurrence at the primary site but there is evidence of a malignancy at a secondary (metastatic) site, the code for the secondary site should be assigned along with a code from category V10 to indicate that the malignancy at the primary site has already been eradicated. Note that a code from category V10, Personal history of malignant neoplasm, is assigned as an additional code only when the malignancy has been excised or otherwise eradicated and is no longer under treatment.

Note: Some edits were turned off until further response is received from Coding Clinic for ICD-9-CM.

V0086   Exclusive check (if match, error) - N001 - **Turned Off** - Wait for CC

Diagnosis Table 3005	141.0	Malignant neoplasm, base of tongue
	141.1	Malignant neoplasm, dorsal surface of tongue
	141.2	Malignant neoplasm, tip and lateral border of tongue
	141.3	Malignant neoplasm, ventral surface of tongue
	141.4	Malignant neoplasm, anterior 2/3 of tongue
	141.5	Malignant neoplasm, junctional zone of tongue
	141.6	Malignant neoplasm, lingual tonsil
	141.8	Malignant neoplasm, other sites of tongue
	141.9	Malignant neoplasm, tongue, unspecified
Relational Table 3003	V10.01	History of malignant neoplasm, tongue

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V0086 **CANCER RECURRENCE versus HISTORY OF CANCER AT THE SAME SITE** - CONTINUED (see guideline on page 46)

V0086 Exclusive check (if match, error) - N002 - **Turned Off** - Wait for CC

Diagnosis Table 3005	150.0	Malignant neoplasm, cervical esophagus
	150.1	Malignant neoplasm, thoracic esophagus
	150.2	Malignant neoplasm, abdominal esophagus
	150.3	Malignant neoplasm, upper third of esophagus
	150.4	Malignant neoplasm, middle third of esophagus
	150.5	Malignant neoplasm, lower third of esophagus
	150.8	Malignant neoplasm, other specified part of esophagus
	150.9	Malignant neoplasm, esophagus, unspecified

| Relational Table 3003 | V10.03 | History of malignant neoplasm, esophagus |

V0086 Exclusive check (if match, error) - N003 - **Turned Off** - Wait for CC

Diagnosis Table 3005	151.0	Malignant neoplasm, cardia
	151.1	Malignant neoplasm, pylorus
	151.2	Malignant neoplasm, pyloric antrum
	151.3	Malignant neoplasm, fundus of stomach
	151.4	Malignant neoplasm, body of stomach
	151.5	Malignant neoplasm, lesser curvature, unspecified
	151.6	Malignant neoplasm, greater curvature, unspecified
	151.8	Malignant neoplasm, other specified sites of stomach
	151.9	Malignant neoplasm, stomach, unspecified

| Relational Table 3003 | V10.04 | History of malignant neoplasm, stomach |

V0086 Exclusive check (if match, error) - N004 - **Turned Off** - Wait for CC

Diagnosis Table 3005	153.0	Malignant neoplasm, hepatic flexure
	153.1	Malignant neoplasm, transverse colon
	153.2	Malignant neoplasm, descending colon
	153.3	Malignant neoplasm, sigmoid colon
	153.4	Malignant neoplasm, cecum
	153.5	Malignant neoplasm, appendix
	153.6	Malignant neoplasm, ascending colon
	153.7	Malignant neoplasm, splenic flexure
	153.8	Malignant neoplasm, other specified sites of large intestine
	153.9	Malignant neoplasm, colon, unspecified

| Relational Table 3005 | V10.05 | History of malignant neoplasm, large intestine |

V0086   **CANCER RECURRENCE versus HISTORY OF CANCER AT THE SAME SITE** - CONTINUED (see guideline on page 46)

V0086   Exclusive check (if match, error) - N005 - **Turned Off** - Wait for CC

Diagnosis Table 3005	154.0	Malignant neoplasm, rectosigmoid colon
	154.1	Malignant neoplasm, rectum
	154.2	Malignant neoplasm, anal canal
	154.3	Malignant neoplasm, anus, unspecified
	154.8	Malignant neoplasm, other

| Relational Table 3003 | V10.06 | History of malignant neoplasm, rectum, rectosigmoid junction and anus |

V0086   Exclusive check (if match, error) - N006

| Diagnosis Table 3005 | 155.0 | Malignant neoplasm, liver, primary |
| | 155.2 | Malignant neoplasm, liver not specified as primary or secondary |

| Relational Table 3003 | V10.07 | History of malignant neoplasm, liver |

V0086   Exclusive check (if match, error) - N007

| Diagnosis Table 3005 | 162.0 | Malignant neoplasm, trachea |

| Relational Table 3003 | V10.12 | History of malignant neoplasm, trachea |

V0086   Exclusive check (if match, error) - N008 - **Turned Off** - Wait for CC

Diagnosis Table 3005	161.0	Malignant neoplasm, glottis
	161.1	Malignant neoplasm, supraglottis
	161.2	Malignant neoplasm, subglottis
	161.3	Malignant neoplasm, laryngeal cartilages
	161.8	Malignant neoplasm, other specified sites of larynx
	161.9	Malignant neoplasm, larynx, unspecified

| Relational Table 3003 | V10.21 | History of malignant neoplasm, larynx |

V0086 **CANCER RECURRENCE versus HISTORY OF CANCER AT THE SAME SITE** - CONTINUED (see guideline on page 46)

V0086   Exclusive check (if match, error) - N009 - **Turned Off** - Wait for CC

Diagnosis Table 3005	174.0	Malignant neoplasm, nipple and areola - female
	174.1	Malignant neoplasm, central portion - female
	174.2	Malignant neoplasm, upper-inner quadrant - female
	174.3	Malignant neoplasm, lower-inner quadrant - female
	174.4	Malignant neoplasm, upper-outer quadrant - female
	174.5	Malignant neoplasm, upper-inner quadrant - female
	174.6	Malignant neoplasm, axillary tail - female
	174.8	Malignant neoplasm, other specified sites of female breast
	174.9	Malignant neoplasm, breast (female), unspecified
	175.0	Malignant neoplasm, nipple and areola - male
	175.9	Malignant neoplasm, other and unspecified sites of male breast

Relational Table 3003   V10.3   History of malignant neoplasm, breast

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V0086   Exclusive check (if match, error) - N010 - **Turned Off** - Wait for CC

Diagnosis Table 3005	180.0	Malignant neoplasm, endocervix
	180.1	Malignant neoplasm, exocervix
	180.8	Malignant neoplasm, other specified sites of cervix
	180.9	Malignant neoplasm, cervix uteri, unspecified

Relational Table 3003   V10.41   History of malignant neoplasm, cervix uteri

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V0086   Exclusive check (if match, error) - N011 - **Turned Off** - Wait for CC

Diagnosis Table 3005   183.0   Malignant neoplasm, ovary

Relational Table 3003   V10.43   History of malignant neoplasm, ovary

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V0086   Exclusive check (if match, error) - N012

Diagnosis Table 3005   185   Malignant neoplasm, prostate

Relational Table 3003   V10.46   History of malignant neoplasm, prostate

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V0086   **CANCER RECURRENCE versus HISTORY OF CANCER AT THE SAME SITE** - CONTINUED (see guideline on page 46)

V0086   Exclusive check (if match, error) - N013 - **Turned Off** - Wait for CC

| Diagnosis Table 3005 | 186.0 | Malignant neoplasm, undescended testis |
| | 186.9 | Malignant neoplasm, other and unspecified testis |

| Relational Table 3003 | V10.47 | History of malignant neoplasm, testis |

V0086   Exclusive check (if match, error) - N014

Diagnosis Table 3005	188.0	Malignant neoplasm, trigone of urinary bladder
	188.1	Malignant neoplasm, dome of urinary bladder
	188.2	Malignant neoplasm, lateral wall of urinary bladder
	188.3	Malignant neoplasm, anterior wall of urinary bladder
	188.4	Malignant neoplasm, posterior wall of urinary bladder
	188.5	Malignant neoplasm, bladder neck
	188.6	Malignant neoplasm, ureteric orifice
	188.7	Malignant neoplasm, urachus
	188.8	Malignant neoplasm, other specified sites of bladder
	188.9	Malignant neoplasm, bladder part unspecified

| Relational Table 3003 | V10.51 | History of malignant neoplasm, bladder |

V0086   Exclusive check (if match, error) - N015 - **Turned Off** - Wait for CC

| Diagnosis Table 3005 | 189.0 | Malignant neoplasm, kidney, except pelvis |

| Relational Table 3003 | V10.52 | History of malignant neoplasm, kidney |

V0086   Exclusive check (if match, error) - N016 - **Turned Off** - Wait for CC

Diagnosis Table 3005	190.0	Malignant neoplasm, eyeball, except conjunctiva, cornea, retina, and choroid
	190.1	Malignant neoplasm, orbit
	190.2	Malignant neoplasm, lacrimal gland
	190.3	Malignant neoplasm, conjunctiva
	190.4	Malignant neoplasm, cornea
	190.5	Malignant neoplasm, retina
	190.6	Malignant neoplasm, choroid
	190.7	Malignant neoplasm, lacrimal duct
	190.8	Malignant neoplasm, other specified sites of eye
	190.9	Malignant neoplasm, part unspecified

| Relational Table 3003 | V10.84 | History of malignant neoplasm, eye |

V0086   **CANCER RECURRENCE versus HISTORY OF CANCER AT THE SAME SITE** - CONTINUED (see guideline on page 46)

V0086   Exclusive check (if match, error) - N017 - **Turned Off** - Wait for CC

Diagnosis Table 3005	191.0	Malignant neoplasm, cerebrum, except lobes and ventricles
	191.1	Malignant neoplasm, frontal lobe
	191.2	Malignant neoplasm, temporal lobe
	191.3	Malignant neoplasm, parietal lobe
	191.4	Malignant neoplasm, occipital lobe
	191.5	Malignant neoplasm, ventricles
	191.6	Malignant neoplasm, cerebellum, NOS
	191.7	Malignant neoplasm, brain stem
	191.8	Malignant neoplasm, other parts of brain
	191.9	Malignant neoplasm, brain, unspecified

Relational Table 3003   V10.85   History of malignant neoplasm, brain

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V0086   Exclusive check (if match, error) - N018

Diagnosis Table 3005   193   Malignant neoplasm, thyroid gland

Relational Table 3003   V10.87   History of malignant neoplasm, thyroid

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References: Coding Clinic for ICD-9-CM, AHA, May-June 1985, pages 10 and 13; 2nd Quarter 1990, page 9.
ICD-9-CM Coding and Reporting Official Guidelines, 1990, item #2.13E Neoplasm.
ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 259; 1991, page 289.

V0087   **UNCOMPLICATED DIABETES versus COMPLICATED DIABETES**

Guideline: Uncomplicated diabetes (250.0x) cannot be coded together with diabetes with complications or manifestations. The fourth digit identifies the presence of an associated complication. Coding diabetes as both complicated and uncomplicated is contradictory and distorts statistics.

V0087   Exclusive Check (if match, error) - X001

Diagnosis Table 3005   250.0   Diabetes mellitus without mention of complication

Relational Table 3003   250.1   Diabetes with ketoacidosis
                              250.2   Diabetes with hyperosmolar coma
                              250.3   Diabetes with other coma
                              250.4   Diabetes with renal manifestations
                              250.5   Diabetes with ophthalmic manifestations
                              250.6   Diabetes with neurological manifestations
                              250.7   Diabetes with peripheral circulatory disorders
                              250.8   Diabetes with other specified
                                             manifestations
                              250.9   Diabetes with unspecified complications

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References: ICD-9-CM Codebook, Tabular Section, Endocrine, Nutritional and Metabolic diseases and Immunity disorders, Code 250.

               ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, Endocrine, Nutritional, and Metabolic diseases and Immune disorders, pages 99-101.

               ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, Endocrine, Nutritional, and Metabolic diseases and Immune disorders, pages 109-114.

V0088   **SICKLE-CELL ANEMIA WITH SICKLE-CELL TRAIT SHOULD BE COMBINED**

Guideline: The difference between the sickle-cell anemia and sickle-cell trait is the development of symptoms of sickle-cell anemia.

Sickle-cell anemia is due to the transmission of a defective gene, which results in the formation of an abnormal hemoglobin molecule.

When this defective gene is transmitted from only one parent, the condition is called "sickle-cell trait," and often no symptoms of sickle-cell anemia develop.

When the diagnostic statement includes both sickle-cell trait and sickle-cell anemia, only the anemia should be coded. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved. Read the "Excludes" note under code 282.5.

V0088   Exclusive Check (if match, error) - X002

Diagnosis Table 3005	282.60	Sickle-cell anemia, unspecified
	282.61	Hb-S disease without mention of crisis
	282.62	Hb-S disease with mention of crisis
	282.63	Sickle-cell/Hb-C disease
	282.69	Other sickle-cell anemia
Relational Table 3003	282.5	Sickle-cell trait

References: ICD-9-CM Codebook, Tabular Section, Excludes Note under Code 282.5.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 136 under "Hereditary Anemia."

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 118 under "Hereditary Anemia."

V0089   **HYPERTENSION versus OTHER HYPERTENSIVE DISEASES**

Guideline: Categories 401-404 classify hypertensive disease of unknown cause according to a hierarchy of the disease from its vascular origin (401) to the end-organ involvement (heart, kidney, or heart and kidney combined).

Only the combination code is assigned when that code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0089   Exclusive Check (if match, error) - S001

Diagnosis Table 3005 | 401.0 | Malignant hypertension |
|---|---|
| 401.1 | Benign hypertension |
| 401.9 | Essential hypertension, unspecified |

Relational Table 3003 | 402.0 | Malignant hypertensive heart disease |
|---|---|
| 402.1 | Benign hypertensive heart disease |
| 402.9 | Hypertensive heart disease, unspecified |
| 403.0 | Malignant hypertensive renal disease |
| 403.1 | Benign hypertensive renal disease |
| 403.9 | Hypertensive renal disease, unspecified |
| 404.0 | Malignant hypertensive heart and renal disease |
| 404.1 | Benign hypertensive heart and renal disease |
| 404.9 | Hypertensive heart and renal disease, unspecified |

References: Coding Clinic for ICD-9-CM, AHA, July/August 1984, pages 12-13; 3rd Quarter 1990, page 3.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, pages 41, 261-269; 1989, pages 36-37, 235-243.

Steps to Coding with ICD-9-CM Module II, The Advanced Coder, CMRA, 1991, pages 124-127, 151.

V0090   **HYPERTENSIVE HEART DISEASE and HEART DISEASE**

Guideline: Certain heart conditions are assigned to a code from category 402 when a causal relationship is stated (due to hypertension) or implied (hypertensive). Use only the code from category 402.

Only the combination code is assigned when that code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. See "Includes" note under category 402 which states "*any condition classifiable to 428, 429.0-429.3, 429.8, 429.9*". Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0090   Exclusive check (if match, error) - S003

Diagnosis Table 3005	428.0	Congestive heart failure
	428.1	Left heart failure
	428.9	Heart failure, unspecified
	429.0	Myocarditis, unspecified
	429.1	Myocardial degeneration
	429.2	Cardiovascular disease, unspecified
	429.3	Cardiomegaly
	429.81	Other disorders of papillary muscle
	429.82	Hyperkinetic heart disease
	429.89	Other ill-defined heart diseases
	429.9	Heart disease, unspecified
Relational Table 3003	402.00	Malignant hypertensive heart disease without congestive heart failure
	402.01	Malignant hypertensive heart disease with congestive heart failure
	402.10	Benign hypertensive heart disease without congestive heart failure
	402.11	Benign hypertensive heart disease with congestive heart failure
	402.90	Hypertensive heart disease without congestive heart failure, unspecified
	402.91	Hypertensive heart disease with congestive heart failure, unspecified

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References: Coding Clinic for ICD-9-CM, AHA, July/Aug 1984, pages 13-14; Nov/Dec 1984, page 18; 3rd Quarter 1988, page 3; 2nd Quarter 1989, page 12; 3rd Quarter 1990, page 3; 1st Quarter 1993, pages 19-20.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 36-37, 238; 1991, pages 41, 264-265.

Steps to Coding with ICD-9-CM Module II, CMRA, 1991, pages 126-127.

V0091   **HYPERTENSION and RENAL DISEASE**

Guideline: *ICD-9-CM* assumes a cause-and-effect relationship between hypertension and renal disease when both are listed in the diagnostic statement; the relationship need not be stated. A fifth-digit subclassification is provided for category 403 to indicate whether renal failure is present. Examples: Hypertension (401.9) and renal failure (585) are to be assumed as related and should be coded as 403.91 regardless of whether it stated "due to," "with," or listed separately.

Only the combination code is assigned when that code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. See "Excludes" note under codes 585, 586 and 587, the fifth digit for the 403.x is used to specify any renal problems, if desired. See "Includes" note under category 403 which states "*any condition classifiable to 585, 586, or 587 with any condition classifiable to 401*". Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

Exception: This guideline can be overridden if the physician <u>*specifically*</u> *states that the hypertension is not due to the renal disease. Separate codes for hypertension and renal disease would then be acceptable.*

V0091   Exclusive Check (if match, error) - S006

Diagnosis Table 3005	585	Chronic renal failure
	586	Renal failure, unspecified
	587	Renal sclerosis, unspecified

Relational Table 3003	401.0	Malignant hypertension
	401.1	Benign hypertension
	401.9	Essential hypertension, unspecified

V0091   Exclusive Check (if match, error) - S008

Diagnosis Table 3005	585	Chronic renal failure
	586	Renal failure, unspecified
	587	Renal sclerosis, unspecified

V0091   **HYPERTENSION and RENAL DISEASE** - CONTINUED
(see guideline on page 56)

V0091   Exclusive Check (if match, error) - S008 - Continued

Relational Table 3003		
	403.01	Malignant hypertensive renal disease
	403.11	Benign hypertensive renal disease
	403.91	Hypertensive renal disease, unspecified
	404.02	Malignant hypertensive heart and renal disease with renal failure
	404.12	Benign hypertensive heart and renal disease with renal failure
	404.92	Hypertensive heart and renal disease with renal failure, unspecified
	404.03	Malignant hypertensive heart and renal disease with congestive heart and renal failure
	404.13	Benign hypertensive heart and renal disease with congestive heart and renal failure
	404.93	Hypertensive heart and renal disease with congestive heart and renal failure, unspecified

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References: Coding Clinic for ICD-9-CM, AHA, July/August 1984, page 14.

Coding Clinic for ICD-9-CM, AHA, Sept/Oct 1984, page 4. (Written before the implementation of 5th digits).

Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1985, page 15. (Written before the implementation of 5th digits).

Coding Clinic for ICD-9-CM, AHA, Sept/Oct 1987, page 9. (Written before the implementation of 5th digits).

Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1990, page 3; 4th Quarter 1992, pages 22-23.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, pages 41, 266-267 and 1989 version, pages 36-37, 241.

Steps to Coding with ICD-9-CM Module II, The Advanced Coder, CMRA, 1991, pages 126, 151.

V0092   **HYPERTENSIVE HEART and RENAL DISEASE**

Guideline: When a heart condition ordinarily coded to category 402 and a renal condition coded to category 403 both exist, a combination code from category 404 is assigned. Fifth digits are provided to indicate whether congestive heart failure, renal failure or both are present.

Only the combination code is assigned when that code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. See "Includes" note under category 404 which states "*any condition classifiable to 402 with any condition classifiable to 403*". Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0092   Exclusive Check (if match, error) - S009

Diagnosis Table 3005	402.00	Malignant hypertensive heart disease without congestive heart failure
	402.01	Malignant hypertensive heart disease with congestive heart failure
	402.10	Benign hypertensive heart disease without congestive heart failure
	402.11	Benign hypertensive heart disease with congestive heart failure
	402.90	Hypertensive heart disease without congestive heart failure, unspecified
	402.91	Hypertensive heart disease with congestive heart failure, unspecified
Relational Table 3003	403.00	Malignant hypertensive renal disease without mention of renal failure
	403.01	Malignant hypertensive renal disease with renal failure
	403.10	Benign hypertensive renal disease without mention of renal failure
	403.11	Benign hypertensive renal disease with renal failure
	403.90	Hypertensive renal disease without mention of renal failure, unspecified
	403.91	Hypertensive renal disease with renal failure, unspecified.

References: Coding Clinic for ICD-9-CM, AHA, July/August 1984, page 14; 3rd Quarter 1990, page 3.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 36-37, 241; 1991, pages 41, 266-267.

**V0093   ULCERS with HEMORRHAGE AND PERFORATION
(WITHOUT OBSTRUCTION) - COMBINATION CODE**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as hemorrhage and perforation or when the Alphabetic Index so directs.

For acute ulcers, check the other combination codes that describe all of the elements in the diagnostic statement: 531.20, 532.20.

For chronic ulcers, check the other combination codes that describe all of the elements in the diagnostic statement: 531.60, 532.60.

V0093   Exclusive Check (if match, error) - R001

Diagnosis Table 3005   531.00   Acute gastric ulcer with hemorrhage, without obstruction

Relational Table 3003   531.10   Acute gastric ulcer with perforation, without obstruction

HINT: Code 531.20 (acute gastric ulcer with hemorrhage and perforation - without obstruction) is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0093   Exclusive Check (if match, error) - R005

Diagnosis Table 3005   532.00   Acute duodenal ulcer with hemorrhage, without obstruction

Relational Table 3003   532.10   Acute duodenal ulcer with perforation, without obstruction

HINT: Code 532.20 (acute duodenal ulcer with hemorrhage and perforation - without obstruction) is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0093   **ULCERS with HEMORRHAGE AND PERFORATION
(WITHOUT OBSTRUCTION) - COMBINATION CODE** - CONTINUED
(see guideline on page 59)

V0093   Exclusive Check (if match, error) - R003

Diagnosis Table 3005   531.40   Chronic gastric ulcer with hemorrhage, without obstruction

Relational Table 3003   531.50   Chronic gastric ulcer with perforation, without obstruction

> *HINT: Code 531.60 (chronic gastric ulcer with hemorrhage and perforation - without obstruction) is a combination code that clearly identifies all the elements documented in the diagnostic statement.*

V0093   Exclusive Check (if match, error) - R007

Diagnosis Table 3005   532.40   Chronic duodenal ulcer with hemorrhage, without obstruction

Relational Table 3003   532.50   Chronic duodenal ulcer with perforation, without obstruction

> *HINT: Code 532.60 (chronic duodenal ulcer with hemorrhage and perforation - without obstruction) is a combination code that clearly identifies all the elements documented in the diagnostic statement.*

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 36-37 on "Combination Coding" rule and page 38 on "Multiple Coding" rule; 1991, page 41 on "Combination Coding" rule and page 42 on "Multiple Coding" rule; 1994 page 43 on "Combination Coding" rule and page 44 on "Multiple Coding" rule".

Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1986, pages 8-10.

Coding Clinic for ICD-9-CM, AHA, Mar/Apr 1985, page 3.

Coding Clinic for ICD-9-CM, AHA, May/Jun 1984, pages 4-6.

**V0094   ULCERS with HEMORRHAGE AND PERFORATION
(WITH OBSTRUCTION) - COMBINATION CODE**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as hemorrhage and perforation or when the Alphabetic Index so directs.

For acute ulcers, check the other combination codes that describe all of the elements in the diagnostic statement: 531.21, 532.21.

For chronic ulcers, check the other combination codes that describe all of the elements in the diagnostic statement: 531.61, 532.61.

V0094   Exclusive Check (if match, error) - R002

Diagnosis Table 3005   531.01   Acute gastric ulcer with hemorrhage, with obstruction

Relational Table 3003   531.11   Acute gastric ulcer with perforation, with obstruction

HINT: Code 531.21 (acute gastric ulcer with hemorrhage and perforation - with obstruction) is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0094   Exclusive Check (if match, error) - R006

Diagnosis Table 3005   532.01   Acute duodenal ulcer with hemorrhage, with obstruction

Relational Table 3003   532.11   Acute duodenal ulcer with perforation, with obstruction

HINT: Code 532.21 (acute duodenal ulcer with hemorrhage and perforation - with obstruction) is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0094   **ULCERS with HEMORRHAGE AND PERFORATION**
(WITH OBSTRUCTION) - COMBINATION CODE - CONTINUED
(see guideline on page 61)

V0094   Exclusive Check (if match, error) - R004

Diagnosis Table 3005   531.41   Chronic gastric ulcer with hemorrhage, with obstruction

Relational Table 3003   531.51   Chronic gastric ulcer with perforation, with obstruction

> *HINT: Code 531.61 (chronic gastric ulcer with hemorrhage and perforation - with obstruction) is a combination code that clearly identifies all the elements documented in the diagnostic statement.*

V0094   Exclusive Check (if match, error) - R008

Diagnosis Table 3005   532.41   Chronic duodenal ulcer with hemorrhage, with obstruction

Relational Table 3003   532.51   Chronic duodenal ulcer with perforation, with obstruction

> *HINT: Code 532.61 (chronic duodenal ulcer with hemorrhage and perforation -with obstruction) is a combination code that clearly identifies all the elements documented in the diagnostic statement.*

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 36-37 on "Combination Coding" rule and page 38 on "Multiple Coding" rule; 1991, page 41 on "Combination Coding" rule and page 42 on "Multiple Coding" rule; 1994 page 43 on "Combination Coding" rule and page 44 on "Multiple Coding" rule".

Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1986, pages 8-10.

Coding Clinic for ICD-9-CM, AHA, Mar/Apr 1985, page 3.

Coding Clinic for ICD-9-CM, AHA, May/Jun 1984, pages 4-6.

V0095   **GASTRITIS/DUODENITIS WITH or WITHOUT HEMORRHAGE
WHICH IS IT?**

Guideline: If the hemorrhage is involved, follow the coding instructions for the word "note" under the index term "Gastritis." The word "note" provides information regarding fifth digits that must be used to indicate the relationship between the main term and an associated condition or etiology. In the index, these notes are enclosed in boxes and printed in italic type.

Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as hemorrhage or when the Alphabetic Index so directs.

V0095   Exclusive Check (if match, error) - X006

Diagnosis Table 3005   535.00   Acute gastritis without hemorrhage

Relational Table 3003   535.01   Acute gastritis with hemorrhage
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V0095   Exclusive Check (if match, error) - X007

Diagnosis Table 3005   535.10   Atrophic gastritis without hemorrhage

Relational Table 3003   535.11   Atrophic gastritis with hemorrhage
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V0095   Exclusive Check (if match, error) - X008

Diagnosis Table 3005   535.20   Gastric mucosal hypertrophy without hemorrhage

Relational Table 3003   535.21   Gastric mucosal hypertrophy with hemorrhage
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V0095   Exclusive Check (if match, error) - X009

Diagnosis Table 3005   535.30   Alcoholic gastritis without hemorrhage

Relational Table 3003   535.31   Alcoholic gastritis with hemorrhage
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V0095   Exclusive Check (if match, error) - X010

Diagnosis Table 3005   535.40   Other specified gastritis without hemorrhage

Relational Table 3003   535.41   Other specified gastritis with hemorrhage
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V0095   **GASTRITIS/DUODENITIS WITH or WITHOUT HEMORRHAGE
WHICH IS IT?** - CONTINUED
(see guideline on page 63)

V0095   Exclusive Check (if match, error) - X011

Diagnosis Table 3005   535.60   Duodenitis without hemorrhage

Relational Table 3003   535.61   Duodenitis with hemorrhage

References: ICD-9-CM Codebook, Alphabetical Index, "Note" under Gastritis.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 7 on "Notes", pages 36-37 on "Combination Coding" rule, and page 38 on "Multiple Coding" rule.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, pages 12-13 on "Notes", page 41 on "Combination Coding" rule, and page 42 on "Multiple Coding" rule.

Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1986, pages 8-10.

Coding Clinic for ICD-9-CM, AHA, Mar/Apr 1985, page 3.

Coding Clinic for ICD-9-CM, AHA, May/Jun 1984, pages 4-6.

V0096   **DIVERTICULOSIS and DIVERTICULITIS**

Guideline: The diagnosis of diverticulum or diverticulosis preceded by qualifying terms of "acute,", "perforated," or "ruptured" designates diverticulitis and not diverticulosis. Diverticula, diverticulosis, and diverticulum described as acute, perforated or ruptured should be coded as diverticulitis, such as 562.11 for colon and 562.01 for small intestine.

Diverticulitis is a complication of diverticulosis. A diagnosis of diverticulitis assumes the presence of diverticula; only the code for diverticulitis is assigned, even though both conditions may be mentioned in the diagnostic statement. In the Tabular Section, read the coding instructions under 562.00 - 562.13.

V0096   Exclusive check (if match, error) - X018

Diagnosis Table 3005	562.00	Diverticulosis of small intestine [without mention of hemorrhage]
	562.02	Diverticulosis of small intestine with hemorrhage
Relational Table 3003	562.01	Diverticulitis of small intestine [without mention of hemorrhage]
	562.03	Diverticulitis of small intestine with hemorrhage

V0096   Exclusive check (if match, error) - X020

Diagnosis Table 3005	562.10	Diverticulosis of colon [without mention of hemorrhage]
	562.12	Diverticulosis of colon with hemorrhage
Relational Table 3003	562.11	Diverticulitis of colon [without mention of hemorrhage]
	562.13	Diverticulitis of colon with hemorrhage

References: ICD-9-CM Notes, Journal of AMRA, April 1983, page 46.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, pages 167-168.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Jan/Feb 1985, pages 5-6; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

V0097   **DIVERTICULOSIS and DIVERTICULITIS SHOWING**
"WITH" HEMORRHAGE and "WITHOUT" HEMORRHAGE?

Guideline: A diagnosis of diverticulitis assumes the presence of diverticula; only the code for diverticulitis is assigned, even though both conditions may be mentioned in the diagnostic statement.   If hemorrhage is involved, follow the alphabetization rules for the appropriate subterm and code.

In the alphabetization rules, subterms preceded by "with" and "without" immediately follow the main term or appropriate subterm entry; subterms beginning with other connecting words such as "in," "during," "due to," "following," "secondary," or "status" appear in alphabetic order. Words such as "with," "in,' and "due to," are used to indicate the relationship between the main term and an associated condition or etiology.   Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as hemorrhage or when the Alphabetic Index so directs.

For small intestine, check the other combination codes that describe all of the elements in the diagnostic statement: 562.03.

For colon, check the other combination codes that describe all of the elements in the diagnostic statement: 562.13.

V0097   Exclusive check (if match, error) - R017

Diagnosis Table 3005   562.01   Diverticulitis of small intestine [without mention of hemorrhage]

Relational Table 3003   562.02   Diverticulosis of small intestine with hemorrhage

HINT: Code 562.03 is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0097   Exclusive check (if match, error) - R019

Diagnosis Table 3005   562.11   Diverticulitis of colon [without mention of hemorrhage]

Relational Table 3003   562.12   Diverticulosis of colon with hemorrhage

HINT: Code 562.13 is a combination code that clearly identifies all the elements documented in the diagnostic statement.

**V0097   DIVERTICULOSIS and DIVERTICULITIS SHOWING
              "WITH" HEMORRHAGE and "WITHOUT" HEMORRHAGE?** - CONTINUED

References: ICD-9-CM Codebook, Alphabetical Index, Subterms under Diverticulosis and the corresponding sites such as colon, intestine, etc.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Jan/Feb 1985, pages 5-6; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8; 4th Quarter 1991, page 25 - effective with discharges 10-01-91.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 7 and 36-37; 1991, pages 7 and 41.

V0098 **TUBERCULOSIS PLEURISY ... with ... PLEURISY - COMBINATION CODE**

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" notes under category 511 and code 012.0.

V0098   Exclusive check (if match, error) - R021

Diagnosis Table 3005	012.00	Tuberculous pleurisy [unspecified]
	012.01	Tuberculous pleurisy [bacteriological or histological examination not done]
	012.02	Tuberculous pleurisy [bacteriological or histological examination unknown at present]
	012.03	Tuberculous pleurisy [tubercle bacilli found in sputum by microscopy]
	012.04	Tuberculous pleurisy [tubercle bacilli non found in sputum by microscopy, but found by bacterial culture]
	012.05	Tuberculous pleurisy [tubercle bacilli not found by bacteriological examination, but tuberculosis confirmed histologically]
	012.06	Tuberculous pleurisy [tubercle bacilli not found by bacteriological or histological examination but tuberculosis confirmed by other methods (inoculation of animals)]
Relational Table 3003	511.0	Pleurisy without mention of effusion or current tuberculosis
	511.1	Pleurisy with effusion, with mention of a bacterial cause other than tuberculosis
	511.8	Pleurisy - other specified forms of effusion, except tuberculous
	511.9	Unspecified pleural effusion

HINT: Read the "Excludes" note under category 511 and code 012.0.

V0098   **TUBERCULOSIS PLEURISY .. with .. PLEURISY - COMBINATION CODE** -
CONTINUED

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12 and 36-37; 1991, pages 11-12 and 41.

V0099   **COPD with OTHER RESPIRATORY CONDITIONS - COMBINATION CODE**

Guideline: The term Chromic Obstructive Pulmonary Disease COPD is a generic term that represents <u>any form</u> of unspecified chronic obstructive airway disease. COPD is not a separate disease entity when associated with other chronic obstructive lung disease. For example, code 491.21 (obstructive chronic bronchitis with acute exacerbation) should be used only for those combinations of diseases that are included in the tabular notes for the code and COPD.

A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u> Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under category 496.

V0099   Exclusive check (if match, error) - R023

Diagnosis Table 3005   496   Chronic airway obstruction

Relational Table 3003   491.20   Obstructive chronic bronchitis
                             491.21   Obstructive chronic bronchitis, with acute exacerbation
                             492.0   Emphysematous bleb
                             492.8   Other emphysema
                             493.xx   Asthma
                             494   Bronchiectasis
                             495.x   Allergic alveolitis

HINT: Read the "Excludes" note under category 496.

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8; 2nd Quarter 1991, page 21; 2nd Quarter 1992, pages 16-17; 4th Quarter 1993, page 26; Vol 10, No 5, 1993, pages 4-5 (PRO).

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12 and 36-37; 1991, pages 11-12 and 41, 43, and 155.

V0100   **APPENDICITIS WITH PERITONITIS ... and ... PERITONITIS ?**

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under category 567.

V0100   Exclusive check (if match, error) - R025

Diagnosis Table 3005   540.0   Acute appendicitis with generalized peritonitis
                              540.1   Acute appendicitis with peritoneal abscess

Relational Table 3003   567.1   Pneumococcal peritonitis
                              567.2   Other suppurative peritonitis
                              567.8   Other specified peritonitis
                              567.9   Unspecified peritonitis

HINT: Read the "Excludes" note under category 567.

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4.

Coding Clinic for ICD-9-CM, AHA, Mar/Apr 1985, page 3.

Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989: pages 11-12 and 36-37; 1991: pages 11-12 and 41.

V0101 **LYMPHOMA versus METASTATIC CA LYMPH NODES**

Guideline: Lymphoma is a systemic disease and is never considered to be "metastatic." Codes from category 196, secondary and unspecified malignant neoplasm of lymph nodes, are never applied to lymphomas.

Coding Clinic for ICD-9-CM (May-June 1985 page 4) states, "Malignant neoplasms classifiable to categories 200-208 [lymphomas] stated as secondary or metastatic site(s) remain within the 200-208 categories and are not coded to categories 196.0-196.9 [secondary malignant neoplasm of lymph nodes]."

V0101 Exclusive check (if match, error) - N019

Diagnosis Table 3005	196.0	Secondary & unspecified malignant neoplasm, lymph nodes of head, face, and neck
Relational Table 3003	200.01	Reticulosarcoma, lymph nodes of head, face, and neck
	200.11	Lymphosarcoma, lymph nodes of head, face, and neck
	200.21	Burkitt's tumor or lymphoma, lymph nodes of head, face, and neck
	200.81	Other named variants, lymph nodes of head, face, and neck
	201.01	Hodgkin's Paragranuloma, lymph nodes of head, face, and neck
	201.11	Hodgkin's Granuloma, lymph nodes of head, face, and neck
	201.21	Hodgkin's Sarcoma, lymph nodes of head, face, and neck
	201.41	Hodgkin's Disease, Lymphocytic-histiocytic predominance, lymph nodes of head, face, and neck
	201.51	Hodgkin's Disease, Nodular Sclerosis, lymph nodes of head, face, and neck
	201.61	Hodgkin's Disease, Mixed cellularity, lymph nodes of head, face, and neck
	201.71	Hodgkin's Disease, Lymphocytic depletion, lymph nodes of head, face, and neck
	201.91	Hodgkin's Disease, unspecified, lymph nodes of head, face, and neck
	202.01	Nodular Lymphoma, lymph nodes of head, face, and neck
	202.21	Mycosis Fungoides, lymph nodes of head, face, and neck
	202.31	Sezary's Disease, lymph nodes of head, face, and neck

V0101   **LYMPHOMA versus METASTATIC CA LYMPH NODES** – CONTINUED
              (see guideline on page 72)

V0101   Exclusive check (if match, error) - N019 - Continued

Relational Table 3003	202.41	Leukemic Reticuloendotheliosis, lymph nodes of head, face, and neck
	202.51	Letterer-Siwe Disease, lymph nodes of head, face, and neck
	202.61	Malignant mast cell tumors, lymph nodes of head, face, and neck
	202.81	Other lymphomas, lymph nodes of head, face, and neck
	202.91	Other & Unspecified malignant neoplasms of lymphoid and histiocytic tissue, lymph nodes of head, face, and neck

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V0101   Exclusive check (if match, error) - N020

Diagnosis Table 3005	196.1	Secondary & unspecified malignant neoplasm, intrathoracic lymph nodes

Relational Table 3003	200.02	Reticulosarcoma, intrathoracic lymph nodes
	200.12	Lymphosarcoma, intrathoracic lymph nodes
	200.22	Burkitt's tumor or lymphoma, intrathoracic lymph nodes
	200.82	Other named variants, intrathoracic lymph nodes
	201.02	Hodgkin's Paragranuloma, intrathoracic lymph nodes
	201.12	Hodgkin's Granuloma, intrathoracic lymph nodes
	201.22	Hodgkin's Sarcoma, intrathoracic lymph nodes
	201.42	Hodgkin's Disease, Lymphocytic-histiocytic predominance, intrathoracic lymph nodes
	201.52	Hodgkin's Disease, Nodular Sclerosis, intrathoracic lymph nodes
	201.62	Hodgkin's Disease, Mixed cellularity, intrathoracic lymph nodes
	201.72	Hodgkin's Disease, Lymphocytic depletion, intrathoracic lymph nodes
	201.92	Hodgkin's Disease, unspecified, intrathoracic lymph nodes
	202.02	Nodular Lymphoma, intrathoracic lymph nodes
	202.22	Mycosis Fungoides, intrathoracic lymph nodes
	202.32	Sezary's Disease, intrathoracic lymph nodes
	202.42	Leukemic Reticuloendotheliosis, intrathoracic lymph nodes
	202.52	Letterer-Siwe Disease, intrathoracic lymph nodes

V0101   Exclusive check (if match, error) - N020 - Continued

Relational Table 3003	202.62	Malignant mast cell tumors, intrathoracic lymph nodes
	202.82	Other lymphomas, intrathoracic lymph nodes
	202.92	Other & Unspecified malignant neoplasms of lymphoid and histiocytic tissue, intrathoracic lymph nodes

V0101   **LYMPHOMA versus METASTATIC CA LYMPH NODES** – CONTINUED
           (see guideline on page 72)

V0101   Exclusive check (if match, error) - N021

Diagnosis Table 3005	196.2	Secondary & unspecified malignant neoplasm, intra-abdominal lymph nodes
Relational Table 3003	200.03	Reticulosarcoma, intra-abdominal lymph nodes
	200.13	Lymphosarcoma, intra-abdominal lymph nodes
	200.23	Burkitt's tumor or lymphoma, intra-abdominal lymph nodes
	200.83	Other named variants, intra-abdominal lymph nodes
	201.03	Hodgkin's Paragranuloma, intra-abdominal lymph nodes
	201.13	Hodgkin's Granuloma, intra-abdominal lymph nodes
	201.23	Hodgkin's Sarcoma, intra-abdominal lymph nodes
	201.43	Hodgkin's Disease, Lymphocytic-histiocytic predominance, intra-abdominal lymph nodes
	201.53	Hodgkin's Disease, Nodular Sclerosis, intra-abdominal lymph nodes
	201.63	Hodgkin's Disease, Mixed cellularity, intra-abdominal lymph nodes
	201.73	Hodgkin's Disease, Lymphocytic depletion, intra-abdominal lymph nodes
	201.93	Hodgkin's Disease, unspecified, intra-abdominal lymph nodes
	202.03	Nodular Lymphoma, intra-abdominal lymph nodes
	202.23	Mycosis Fungoides, intra-abdominal lymph nodes
	202.33	Sezary's Disease, intra-abdominal lymph nodes
	202.43	Leukemic Reticuloendotheliosis, intra-abdominal lymph nodes
	202.53	Letterer-Siwe Disease, intra-abdominal lymph nodes
	202.63	Malignant mast cell tumors, intra-abdominal lymph nodes
	202.83	Other lymphomas, intra-abdominal lymph nodes
	202.93	Other & unspecified malignant neoplasms (abdominal)

V0101   **LYMPHOMA versus METASTATIC CA LYM PH NODES** – CONTINUED
(see guideline on page 72)

V0101   Exclusive check (if match, error) - N022

Diagnosis Table 3005   196.3   Secondary & unspecified malignant neoplasm, lymph nodes of axilla and upper limb

Relational Table 3003   200.04   Reticulosarcoma, lymph nodes of axilla and upper limb
                              200.14   Lymphosarcoma, lymph nodes of axilla and upper limb
                              200.24   Burkitt's tumor or lymphoma, lymph nodes of axilla and upper limb
                              200.84   Other named variants, lymph nodes of axilla and upper limb
                              201.04   Hodgkin's Paragranuloma, lymph nodes of axilla and upper limb
                              201.14   Hodgkin's Granuloma, lymph nodes of axilla and upper limb
                              201.24   Hodgkin's Sarcoma, lymph nodes of axilla and upper limb
                              201.44   Hodgkin's Disease, Lymphocytic-histiocytic predominance, lymph nodes of axilla and upper limb
                              201.54   Hodgkin's Disease, Nodula r Sclerosis, lymph nodes of axilla and upper limb
                              201.64   Hodgkin's Disease, Mixed cellularity, lymph nodes of axilla and upper limb
                              201.74   Hodgkin's Disease, Lymphocytic depletion, lymph nodes of axilla and upper limb
                              201.94   Hodgkin's Disease, unspecified, lymph nodes of
                              202.04   Nodular Lymphoma, lymph nodes of axilla and upper limb
                              202.24   Mycosis Fungoides, lymph nodes of axilla and upper limb
                              202.34   Sezary's Disease, lymph nodes of axilla and upper limb
                              202.44   Leukemic Reticuloendotheliosis, lymph nodes of axilla and upper limb
                              202.54   Letterer-Siwe Disease, lymph nodes of axilla and upper limb
                              202.64   Malignant mast cell tumors, lymph nodes of axilla and upper limb
                              202.84   Other lymphomas, lymph nodes of axilla and upper limb

                              202.94   Other & unspecified malignant neoplasms of lymphoid
                                             and histiocytic tissue, lymph nodes of axilla and upper
                                             limb

V0101   **LYMPHOMA versus METASTATIC CA LYMPH NODES** – CONTINUED
(see guideline on page 72)

V0101   Exclusive check (if match, error) - N023

Diagnosis Table 3005	196.5	Secondary & unspecified malignant neoplasm, lymph nodes of inguinal region and lower limb
Relational Table 3003	200.05	Reticulosarcoma, lymph nodes of inguinal region and lower limb
	200.15	Lymphosarcoma, lymph nodes of inguinal region and lower limb
	200.25	Burkitt's tumor or lymphoma, lymph nodes of inguinal region and lower limb
	200.85	Other named variants, lymph nodes of inguinal region and lower limb
	201.05	Hodgkin's Paragranuloma, lymph nodes of inguinal region and lower limb
	201.15	Hodgkin's Granuloma, lymph nodes of inguinal region and lower limb
	201.25	Hodgkin's Sarcoma, lymph nodes of inguinal region and lower limb
	201.45	Hodgkin's Disease, Lymphocytic-histiocytic predominance, lymph nodes of inguinal region and lower limb
	201.55	Hodgkin's Disease, Nodular Sclerosis, lymph nodes of inguinal region and lower limb
	201.65	Hodgkin's Disease, Mixed cellularity, lymph nodes of inguinal region and lower limb
	201.75	Hodgkin's Disease, Lymphocytic depletion, lymph nodes of inguinal region and lower limb
	201.95	Hodgkin's Disease, unspecified, lymph nodes of inguinal region and lower limb
	202.05	Nodular Lymphoma, lymph nodes of inguinal region and lower limb
	202.25	Mycosis Fungoides, lymph nodes of inguinal region and lower limb
	202.35	Sezary's Disease, lymph nodes of inguinal region and lower limb
	202.45	Leukemic Reticuloendotheliosis, lymph nodes of inguinal region and lower limb
	202.55	Letterer-Siwe Disease, lymph nodes of inguinal region and lower limb
	202.65	Malignant mast cell tumors, lymph nodes of inguinal region and lower limb
	202.85	Other lymphomas, lymph nodes of inguinal region and lower limb
	202.95	Other & Unspecified malignant neoplasms of lymphoid and histiocytic tissue, lymph nodes of inguinal region and lower limb

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V0101   **LYMPHOMA versus METASTATIC CA LYMPH NODES** - CONTINUED
             (see guideline on page 72)

V0101   Exclusive check (if match, error) - N024

Diagnosis Table 3005   196.6   Secondary & unspecified malignant neoplasm, intrapelvic lymph nodes

Relational Table 3003   200.06   Reticulosarcoma, intrapelvic lymph nodes
                               200.16   Lymphosarcoma, intrapelvic lymph nodes
                               200.26   Burkitt's tumor or lymphoma, intrapelvic lymph nodes
                               200.86   Other named variants, intrapelvic lymph nodes
                               201.06   Hodgkin's Paragranuloma, intrapelvic lymph nodes
                               201.16   Hodgkin's Granuloma, intrapelvic lymph nodes
                               201.26   Hodgkin's Sarcoma, intrapelvic lymph nodes
                               201.46   Hodgkin's Disease, Lymphocytic-histiocytic predominance, intrapelvic lymph nodes
                               201.56   Hodgkin's Disease, Nodular Sclerosis, intrapelvic lymph nodes
                               201.66   Hodgkin's Disease, Mixed cellularity, intrapelvic lymph nodes
                               201.76   Hodgkin's Disease, Lymphocytic depletion, intrapelvic lymph nodes
                               201.96   Hodgkin's Disease, unspecified, intrapelvic lymph nodes
                               202.06   Nodular Lymphoma, intrapelvic lymph nodes
                               202.26   Mycosis Fungoides, intrapelvic lymph nodes
                               202.36   Sezary's Disease, intrapelvic lymph nodes
                               202.46   Leukemic Reticuloendotheliosis, intrapelvic lymph nodes

Relational Table 3003   202.56   Letterer-Siwe Disease, intrapelvic lymph nodes
                               202.66   Malignant mast cell tumors, intrapelvic lymph nodes
                               202.86   Other lymphomas, intrapelvic lymph nodes
                               202.96   Other & Unspecified malignant neoplasms of lymphoid and histiocytic tissue, intrapelvic lymph nodes

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V0101 **LYMPHOMA versus METASTATIC CA LYMPH NODES** - CONTINUED
(see guideline on page 72)

V0101 Exclusive check (if match, error) - N025

Diagnosis Table 3005	196.8	Secondary & unspecified malignant neoplasm, lymph nodes of multiple sites
Relational Table 3003	200.08	Reticulosarcoma, lymph nodes of multiple sites
	200.18	Lymphosarcoma, lymph nodes of multiple sites
	200.28	Burkitt's tumor or lymphoma, lymph nodes of multiple sites
	200.88	Other named variants, lymph nodes of multiple sites
	201.08	Hodgkin's Paragranuloma, lymph nodes of multiple sites
	201.18	Hodgkin's Granuloma, lymph nodes of multiple sites
	201.28	Hodgkin's Sarcoma, lymph nodes of multiple sites
	201.48	Hodgkin's Disease, Lymphocytic-histiocytic predominance, lymph nodes of multiple sites
	201.58	Hodgkin's Disease, Nodular Sclerosis, lymph nodes of multiple sites
	201.68	Hodgkin's Disease, Mixed cellularity, lymph nodes of multiple sites
	201.78	Hodgkin's Disease, Lymphocytic depletion, lymph nodes of multiple sites
	201.98	Hodgkin's Disease, unspecified, lymph nodes of multiple sites
	202.08	Nodular Lymphoma, lymph nodes of multiple sites
	202.28	Mycosis Fungoides, lymph nodes of multiple sites
	202.38	Sezary's Disease, lymph nodes of multiple sites
	202.48	Leukemic Reticuloendotheliosis, lymph nodes of multiple sites
	202.58	Letterer-Siwe Disease, lymph nodes of multiple site
	202.68	Malignant mast cell tumors, lymph nodes of multiple sites
	202.88	Other lymphomas, lymph nodes of multiple sites
	202.89	Other & Unspecified malignant neoplasms of lymphoid and histiocytic tissue, lymph nodes of multiple sites

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V0101   **LYMPHOMA versus METASTATIC CA LYMPH NODES** – CONTINUED
             (see guideline on page 72)

V0101   Exclusive check (if match, error) - N026

Diagnosis Table 3005	196.9	Secondary & unspecified malignant neoplasm, lymph nodes, unspecified site
Relational Table 3003	200.00	Reticulosarcoma, lymph nodes, unspecified site
	200.10	Lymphosarcoma, lymph nodes, unspecified site
	200.20	Burkitt's tumor or lymphoma, lymph nodes, unspecified site
	200.80	Other named variants, lymph nodes, unspecified site
	201.00	Hodgkin's Paragranuloma, lymph nodes, unspecified site
	201.10	Hodgkin's Granuloma, lymph nodes, unspecified site
	201.20	Hodgkin's Sarcoma, lymph nodes, unspecified site
	201.40	Hodgkin's Disease, Lymphocytic-histiocytic predominance, lymph nodes, unspecified site
	201.50	Hodgkin's Disease, Nodular Sclerosis, lymph nodes, unspecified site
	201.60	Hodgkin's Disease, Mixed cellularity, lymph nodes, unspecified site
	201.70	Hodgkin's Disease, Lymphocytic depletion, lymph nodes, unspecified site
	201.90	Hodgkin's Disease, unspecified, lymph nodes,
	202.00	Nodular Lymphoma, lymph nodes, unspecified site
	202.20	Mycosis Fungoides, lymph nodes, unspecified site
	202.30	Sezary's Disease, lymph nodes, unspecified site
	202.40	Leukemic Reticuloendotheliosis, lymph nodes, unspecified site
	202.50	Letterer-Siwe Disease, lymph nodes, unspecified site
	202.60	Malignant mast cell tumors, lymph nodes, unspecified site
	202.80	Other lymphomas, lymph nodes, unspecified site
	202.90	Other & Unspecified malignant neoplasms of lymphoid and histiocytic tissue, lymph nodes, unspecified site

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References: ICD-9-CM Codebook, Tabular, Title "Malignant Neoplasm of Lymphatic and Hematopoietic Tissue (200-208), Excludes notes.

             Coding Clinic for ICD-9-CM, AHA, May-June 1985, pages 3-4, 10; 2nd Quarter 1992, page 4.

V0102   **PERITONEAL ADHESIONS WITH and WITHOUT OBSTRUCTION - COMBINATION CODE**

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under codes 568.0 and 560.81.

V0102   Exclusive check (if match, error) - R029

Diagnosis Table 3005   568.0   Peritoneal adhesions

Relational Table 3003   537.3   Other obstruction of duodenum
     560.81   Intestinal or peritoneal adhesions with obstruction

HINT: Read the "Excludes" note under codes 568.0 and 560.81.

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0103   **ACUTE CHOLECYSTITIS WITH and WITHOUT STONES - COMBINATION CODE**

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under code 575.0 and 575.1.

V0103   Exclusive check (if match, error) - R032

Diagnosis Table 3005	575.0	Acute cholecystitis
	575.10	Cholecystitis, unspecified
	575.12	Acute and chronic cholecystitis
Relational Table 3003	574.0x	Calculus of gallbladder with acute cholecystitis [with or without obstruction]
	574.2x	Calculus of gallbladder without mention of cholecystitis [with or without obstruction]
	574.3x	Calculus of bile duct with acute cholecystitis [with or without obstruction]
	574.5x	Calculus of bile duct without mention of cholecystitis [with or without obstruction]
	574.6x	Calculus of gallbladder and bile duct with acute cholecystitis [with or without obstruction]
	574.8x	Calculus of gallbladder and bile duct with acute and chronic cholecystitis [with or without obstruction]
	574.9x	Calculus of gallbladder and bile duct without cholecystitis [with or without obstruction]

HINT: Read the "Excludes" note under code 575.0 and 575.1.

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991 pages 11-12, 41; 1994 pages 11-12, 43.

V0104   CHRONIC CHOLECYSTITIS WITH and WITHOUT STONES - COMBINATION CODE

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

> *HINT: Read the "Excludes" note under code 575.1.*

V0104   Exclusive check (if match, error) - R034

Diagnosis Table 3005	575.1	Other cholecystitis *(before 10/1/96)*
	575.10	Cholecystitis, unspecified
	575.11	Other cholecystitis
	575.12	Acute and chronic cholecystitis
Relational Table 3003	574.1x	Calculus of gallbladder with other cholecystitis [with or without obstruction]
	574.2x	Calculus of gallbladder without mention of cholecystitis [with or without obstruction]
	574.4x	Calculus of bile duct with other cholecystitis [with or without obstruction]
	574.5x	Calculus of bile duct without mention of cholecystitis [with or without obstruction]
	574.7x	Calculus of gallbladder and bile duct with other cholecystitis [with or without obstruction]
	574.8x	Calculus of gallbladder and bile duct with acute and chronic cholecystitis [with or without obstruction]
	574.9x	Calculus of gallbladder and bile duct without cholecystitis [with or without obstruction]

> *HINT: Read the "Excludes" note under code 575.1.*

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12 and 36-37; 1991, pages 11-12 and 41.

V0105   **OBSTRUCTIVE GALLSTONE with OBSTRUCTIVE GALLBLADDER - COMBINATION CODE**

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under code 575.2.

V0105   Exclusive check (if match, error) - R036

Diagnosis Table 3005   575.2   Obstruction of gallbladder

Relational Table 3003

	574.01	Calculus of gallbladder with acute cholecystitis [with obstruction]
	574.11	Calculus of gallbladder with other cholecystitis [with obstruction]
	574.21	Calculus of gallbladder without mention of cholecystitis [with obstruction]
	574.61	Calculus of gallbladder and bile duct with acute cholecystitis [with obstruction]
	574.71	Calculus of gallbladder and bile duct with other cholecystitis [with obstruction]
	574.81	Calculus of gallbladder and bile duct with acute and chronic cholecystitis [with obstruction]
	574.91	Calculus of gallbladder and bile duct without cholecystitis [with obstruction]

HINT: Read the "Excludes" note under code 575.2.

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989 pages 11-12, 36-37; 1991 pages 11-12, 41; 1994 pages 11-12, 43.

V0106   **OBSTRUCTIVE BILE STONE with OBSTRUCTIVE BILE DUCT - COMBINATION CODE**

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under code 576.2.

V0106   Exclusive check (if match, error) - R038

Diagnosis Table 3005	576.2	Obstruction of bile duct
Relational Table 3003	574.31	Calculus of bile duct with acute cholecystitis [with obstruction]
	574.41	Calculus of bile duct with other cholecystitis [with obstruction]
	574.51	Calculus of bile duct without mention of cholecystitis [with obstruction]
	574.61	Calculus of gallbladder and bile duct with acute cholecystitis [with obstruction]
	574.71	Calculus of gallbladder and bile duct with other cholecystitis [with obstruction]
	574.81	Calculus of gallbladder and bile duct with acute and chronic cholecystitis [with obstruction]
	574.91	Calculus of gallbladder and bile duct without cholecystitis [with obstruction]

HINT: Read the "Excludes" note under code 576.2.

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989 pages 11-12, 36-37; 1991 pages 11-12, 41; 1994 pages 11-12, 43.

V0107   **VAGINAL PROLAPSE WITH and WITHOUT UTERINE PROLAPSE - COMBINATION
CODE**

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process
(manifestation) or complication is called a combination code.

Combination codes can be located in the index lists referring to the subterm entries, with particular
reference to such entries as "with," "due to," "in," and "associated with." Others are identified by
reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned
when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so
directs. Multiple codes should not be assigned when the classification provides a combination code
that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the titles of the codes and the "Excludes" note under code 618.0.

V0107   Exclusive check (if match, error) - R039

Diagnosis Table 3005   618.0   Prolapse of vaginal walls without mention of uterine prolapse

Relational Table 3006   618.1   Uterine prolapse without mention of vaginal wall prolapse
                               618.2   Uterovaginal prolapse, incomplete
                               618.3   Uterovaginal prolapse, complete
                               618.4   Uterovaginal prolapse, unspecified

HINT: Read the titles of the codes and the "Excludes" note under code 618.0.

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and
codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986,
page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989 pages 11-12, 36-37;
1991 pages 11-12, 41; 1994 pages 11-12, 43.

V0108   **UTERINE PROLAPSE WITH and WITHOUT VAGINAL PROLAPSE - COMBINATION CODE**

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u> Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the titles of the codes and the "Excludes" note under code 618.1.

V0108   Exclusive check (if match, error) - R041

Diagnosis Table 3005   618.1   Uterine prolapse without mention of vaginal wall prolapse

Relational Table 3003   618.0   Prolapse of vaginal walls without mention of uterine prolapse
                              618.2   Uterovaginal prolapse, incomplete
                              618.3   Uterovaginal prolapse, complete
                              618.4   Uterovaginal prolapse, unspecified
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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989 pages 11-12, 36-37; 1991 pages 11-12, 41; 1994 pages 11-12, 43.

V0109   CERVICAL SPINAL "CONDITION" with CERVICAL SPINAL DISEASE - COMBINATION CODE

Guideline: Symptoms and signs associated with (due to) spondylosis and allied disorders or intervertebral disc disorders of the cervical spine are included in the 721-722 code series. Read the Excludes note under category 723. Both conditions do not need to be coded.

A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under category 723.

Exception: *This guideline can be overridden if the physician states that the cervical spinal condition is NOT due to the cervical spinal disease. Separate codes for cervical spinal condition and cervical spinal disease would then be acceptable.*

V0109   Exclusive check (if match, error) - R044

Diagnosis Table 3005   723.0   Spinal stenosis in cervical region
                          723.1   Cervicalgia
                          723.2   Cervicocranial syndrome
                          723.3   Cervicobrachial syndrome (diffuse)
                          723.4   Brachial neuritis or radiculitis, NOS
                          723.5   Torticollis, unspecified
                          723.6   Panniculitis specified as affecting neck
                          723.7   Ossification of posterior longitudinal ligament in cervical region

Relational Table 3003   721.0   Cervical spondylosis without myelopathy
                          721.1   Cervical spondylosis with myelopathy
                          722.0   Displacement of cervical intervertebral disc without myelopathy
                          722.4   Degeneration of cervical intervertebral disc
                          722.71   Intervertebral disc disorder with myelopathy, cervical region
                          722.81   Postlaminectomy syndrome, cervical region
                          722.91   Other and unspecified disc disorder, cervical region

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V0109   **CERVICAL SPINAL "CONDITION" with CERVICAL SPINAL DISEASE - COMBINATION CODE** - CONTINUED

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8; 2nd Quarter 1989, page 14; 3rd Quarter 1994, page 14.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994, pages 11-12, 43, 204.

V0110   **THORACIC SPINAL "CONDITION" with THORACIC SPINAL DISEASE - COMBINATION CODE**

Guideline: Symptoms and signs associated with (due to) spondylosis and allied disorders or intervertebral disc disorders of the thoracic spine are included in the 721-722 code series. Read the Excludes note under category 724. Both conditions do not need to be coded.

A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under category 724.

Exception: *This guideline can be overridden if the physician states that the thoracic spinal condition is NOT due to the thoracic spinal disease. Separate codes for thoracic spinal condition and thoracic spinal disease would then be acceptable.*

V0110   Exclusive check (if match, error) - R046

Diagnosis Table 3005	724.01	Spinal stenosis, thoracic region
	724.1	Pain in thoracic spine
	724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified
	724.5	Backache, unspecified

Relational Table 3003	721.2	Thoracic spondylosis without myelopathy
	721.41	Thoracic spondylosis with myelopathy
	722.11	Thoracic intervertebral disc without myelopathy
	722.31	Schmorl's nodes, thoracic region
	722.51	Degeneration of thoracic or thoracolumbar intervertebral disc
	722.72	Intervertebral disc disorder with myelopathy, thoracic region
	722.82	Postlaminectomy syndrome, thoracic region
	722.92	Other and unspecified disc disorder, thoracic region

V0110   **THORACIC SPINAL "CONDITION" with THORACIC SPINAL DISEASE - COMBINATION CODE** - CONTINUED

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8; 2nd Quarter 1989, page 14; 3rd Quarter 1994, page 14.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994, pages 11-12, 43, 204.

V0111   LUMBAR SPINAL CONDITION with LUMBAR SPINAL DISEASE - COMBINATION CODE

Guideline: Symptoms and signs associated with (due to) spondylosis and allied disorders or intervertebral disc disorders of the lumbar spine are included in the 721-722 code series. Read the Excludes note under category 724. Both conditions do not need to be coded.

A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under category 724.

Exception: *This guideline can be overridden if the physician states that the lumbar spinal condition is NOT due to the lumbar spinal disease. Separate codes for lumbar spinal condition and lumbar spinal disease would then be acceptable.*

V0111   Exclusive check (if match, error) - R048

Diagnosis Table 3005	724.02	Spinal stenosis, lumbar region
	724.2	Lumbago
	724.3	Sciatica
	724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified
	724.5	Backache, unspecified
	724.6	Disorders of sacrum
	724.70	Unspecified disorder of coccyx
	724.71	Hypermobility of coccyx
	724.79	Other disorders of coccyx
Relational Table 3003	721.3	Lumbosacral spondylosis without myelopathy
	721.42	Lumbar spondylosis with myelopathy
	722.10	Lumbar intervertebral disc without myelopathy
	722.32	Schmorl's nodes, lumbar region
	722.52	Degeneration of lumbar or lumbosacral intervertebral disc
	722.73	Intervertebral disc disorder with myelopathy, lumbar region
	722.83	Postlaminectomy syndrome, lumbar region
	722.93	Other and unspecified disc disorder, lumbar region

V0111   **LUMBAR SPINAL CONDITION with LUMBAR SPINAL DISEASE - COMBINATION CODE** - CONTINUED
(see guideline on page 91)

Reference: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8; 2nd Quarter 1989, page 14; 3rd Quarter 1994, page 14.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994, pages 11-12, 43, 204.

V0112   ILLOGICAL COMBINATIONS OF FIFTH DIGITS FOR OBSTETRICAL DIAGNOSES

Guideline: Multiple coding is commonly used with codes from this chapter because a patient often has more
                 than one condition that affects the obstetrical experience. It is important that the coder recognize
                 that certain combinations of fifth digits are illogical for the **same** episode of care:

                 0 cannot be used with any other fifth digit.

                 1 and 2 can be used for the same episode but not with any other fifth digit.

                 3 and 4 cannot be used together or with any other fifth digit.

V0112   Exclusive Check (if match, error) - O001

Diagnosis Table 3005	640.0x - 648.9x with 5th digit '**0**'	Complications relating to pregnancy
	651.0x - 659.9x with 5th digit '**0**'	Other indications for care in pregnancy, care and delivery
	660.0x - 669.9x with 5th digit '**0**'	Complications occurring in the course of labor and delivery
	670.0x - 676.9x with 5th digit '**0**'	Complications of the puerperium
Relational Table 3003	640.0x - 648.9x with 5th digit **"1"**, **"2", "3", or "4"**	Complications relating to pregnancy
	651.0x - 659.9x with 5th digit **"1"**, **"2", "3", or "4"**	Other indications for care in pregnancy, care and delivery
	660.0x - 669.9x with 5th digit **"1"**, **"2", "3", or "4"**	Complications occurring in the course of labor and delivery
	670.0x - 676.9x with 5th digit **"1"**, **"2", "3", or "4"**	Complications of the puerperium

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V0112   **ILLOGICAL COMBINATIONS OF FIFTH DIGITS FOR OBSTETRICAL DIAGNOSES** -
CONTINUED (see guideline on page 93)

V0112   Exclusive Check (if match, error) - O002

Diagnosis Table 3005	640.0x - 648.9x with 5th digit "**1**"	Complications relating to pregnancy
	651.0x - 659.9x with 5th digit "**1**"	Other indications for care in pregnancy, care and delivery
	660.0x - 669.9x with 5th digit "**1**"	Complications occurring in the course of labor and delivery
	670.0x - 676.9x with 5th digit "**1**"	Complications of the puerperium
Relational Table 3003	640.0x - 648.9x with 5th digit **"3" or "4"**	Complications relating to pregnancy
	651.0x - 659.9x with 5th digit **"3" or "4"**	Other indications for care in pregnancy, care and delivery
	660.0x - 669.9x with 5th digit **"3" or "4"**	Complications occurring in the course of labor and delivery
	670.0x - 676.9x with 5th digit **"3" or "4"**	Complications of the puerperium

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V0112   Exclusive Check (if match, error) - O003

Diagnosis Table 3005	640.0x - 648.9x with 5th digit "**2**"	Complications relating to pregnancy
	651.0x - 659.9x with 5th digit "**2**"	Other indications for care in pregnancy, care and delivery
	660.0x - 669.9x with 5th digit "**2**"	Complications occurring in the course of labor and delivery
	670.0x - 676.9x with 5th digit "**2**"	Complications of the puerperium
Relational Table 3003	640.0x - 648.9x with 5th digit **"3" or "4"**	Complications relating to pregnancy
	651.0x - 659.9x with 5th digit **"3" or "4"**	Other indications for care in pregnancy, care and delivery

V0112 **ILLOGICAL COMBINATIONS OF FIFTH DIGITS FOR OBSTETRICAL DIAGNOSES** - CONTINUED (see guideline on page 93)

V0112 Exclusive Check (if match, error) - O003 - Continued

| Relational Table 3003 | 660.0x - 669.9x with 5th digit **"3" or "4"** | Complications occurring in the course of labor and delivery |
| | 670.0x - 676.9x with 5th digit **"3" or "4"** | Complications of the puerperium |

V0112 Exclusive Check (if match, error) - O004

Diagnosis Table 3005	640.0x - 648.9x with 5th digit **"3"**	Complications relating to pregnancy
	651.0x - 659.9x with 5th digit **"3"**	Other indications for care in pregnancy, care and delivery
	660.0x - 669.9x with 5th digit **"3"**	Complications occurring in the course of labor and delivery
	670.0x - 676.9x with 5th digit "**3**"	Complications of the puerperium
Relational Table 3003	640.0x - 648.9x with 5th digit "**4**"	Complications relating to pregnancy
	651.0x - 659.9x with 5th digit "**4**"	Other indications for care in pregnancy, care and delivery
	660.0x - 669.9x with 5th digit "**4**"	Complications occurring in the course of labor and delivery
	670.0x - 676.9x with 5th digit "**4**"	Complications of the puerperium

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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, Complications of Pregnancy, Childbirth, and the Puerperium, page 179.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, Complications of Pregnancy, Childbirth, and the Puerperium, page 206.

Steps to Coding with ICD-9-CM Module II, CHIA, 1991, page 157.

V0113   **SUPERVISION OF PREGNANCY (V22) with OTHER OBSTETRICAL CODES FROM CHAPTER 11 IN THE ICD-9-CM CODE BOOK**

Guideline: Codes from V22 series are never used in combination with a code from Chapter 11 of the ICD-9-CM codebook. Category V22, Normal pregnancy, would never be used as a principal diagnosis for an inpatient admission, but it would be appropriate for coding the reason for encounter in a physician's office or in an outpatient clinic. It can also be used for coding an <u>admitting</u> diagnosis when it is required to be reported.

V0113   Exclusive check (if match, error) - W001

Diagnosis Table 3005   V22.0   Supervision of normal first pregnancy
                            V22.1   Supervision of other normal pregnancy
                            V22.2   Pregnant state, incidental

Relational Table 3003   630-677   Complications of Pregnancy, Childbirth, and the Puerperium
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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 185; 1991, pages 213-214; 1994, pages 223 and 227.

Steps to Coding ICD-9-CM Module 2, CHIA, 1991, pages 37 and 171.

Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1984, page 18; 1st Quarter 1990, page 10.

~~**V0114   SUPERVISION OF HIGH-RISK PREGNANCY (V23) with OTHER OBSTETRICAL CODES FROM CHAPTER 11 IN THE ICD-9-CM CODEBOOK**~~
- coding edit turned off as of 10/1/96

Guideline: Codes from V23 series are never used in combination with a code from Chapter 11 of the ICD-9-CM codebook. Category V23 is used to identify a poor obstetrical history as the reason for care in a patient who is currently free of the historical condition. These codes from category V23 are not used when the complication is present with the current pregnancy. Code V23.7, Insufficient prenatal care, is an exception to this guideline and is not included in this edit. These codes from category V23 are primarily useful for coding prenatal care in an ambulatory setting.

V0114   Exclusive check (if match, error) - W002

Diagnosis Table 3005	V23.0	Pregnancy with history of infertility
	V23.1	Pregnancy with history of trophoblastic disease
	V23.2	Pregnancy with history of abortion
	V23.3	Grand multiparity
	V23.4	Pregnancy with other poor obstetric history
	V23.5	Pregnancy with other poor reproductive history
	V23.8	Other high-risk pregnancy
	V23.9	Unspecified high-risk pregnancy

| Relational Table 3003 | 630-677 | Complications of Pregnancy, Childbirth, and the Puerperium |

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, pages 213-214 and 1989 version, pages 185-186; 1994, page 227.

Steps to Coding ICD-9-CM Module 2, CHIA, 1991, pages 37 and 171-172.

Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, page 10.

JAMRA, August 1989, page 19.

Letter #195.891 From Central Office on ICD-9-CM responding to Ginger's question about the usage of V23 codes - dated 03-23-92.

Letter From Department of Health & Human Services responding to Ginger's question about code V23.7 - dated 08-02-93.

V0115   POSTPARTUM CARE AND EXAMINATION (V24) with OTHER OBSTETRICAL CODES FROM CHAPTER 11 IN THE ICD-9-CM CODEBOOK

Guideline: Codes from V24 series are never used in combination with a code from Chapter 11 of the ICD-9-CM codebook. Category V24 is used primarily for outpatient follow-up visits. When a patient is admitted for routine postpartum care immediately following a delivery outside the hospital, V24.0 is assigned as the principal diagnosis. If there were any postpartum complications, the appropriate code from chapter 11 of ICD-9-CM with fifth digit 2 or 4 would be assigned, not V24.0.

V0115   Exclusive check (if match, error) - W003

Diagnosis Table 3005   V24.0   Postpartum care immediately after delivery
                            V24.1   Lactating mother
                            V24.2   Routine postpartum follow-up *(for outpatient encounters of postdelivery visits)*

Relational Table 3003   630-677   Complications of Pregnancy, Childbirth, and the Puerperium
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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 185-186; 1991, page 214; 1994, page 228.

Steps to Coding with ICD-9-CM Module 2, CHIA, 1991, pages 37 and 172.

V0116   **STERILIZATION (V25.2) INVALID AS <u>PRINCIPAL</u> DIAGNOSIS with DELIVERY DIAGNOSIS CODES**

<u>Guideline</u>:   When a sterilization procedure is performed for contraceptive purposes during the same admission as that for delivery, code V25.2, Sterilization, is assigned as a <u>secondary</u> code, with a code from ICD-9-CM chapter 11 assigned as the principal diagnosis. When sterilization is the incidental result of obstetrical surgery, the V code is not assigned.

V0116   Exclusive check (if match, error) - W004

Diagnosis Table 3005   V25.2   Sterilization

Relational Table 3003   640-676   Delivery only
                                with fifth
                                digits "**1**"
                                or "**2**"

<u>References</u>:   ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 64-65 and 186-187; 1991, pages 70-71 and 215; 1994, pages 229-230.

Steps to Coding with ICD-9-CM Module 2, CHIA, 1991, page 174.

V0117   ILLOGICAL OUTCOME OF DELIVERY (V27) FOR DELIVERY DIAGNOSIS CODES

Guideline: A code from category V27 may be used as an additional code to provide such information as whether a live birth resulted or whether multiple births occurred. To locate the code assignment for outcome of delivery, the coder should refer to the main term "Outcome of delivery" in the ICD-9-CM alphabetic index of diseases. It may be necessary to refer to the newborn's medical record for this information. The coder should not assume that the outcome of delivery is single or live; for example: an outcome of single liveborn infant does not logically relate to the twin pregnancy or pregnancy with intrauterine death. The only outcome of delivery code that can be used with code 650 is V27.0, Single outcome. Any other outcome for code 650 represents a complication.

HINT: For twin pregnancies, codes V27.2-V27.4 would be more appropriate.

HINT: For multiple, triplet, or quadruplet pregnancies, codes V27.5-V27.7 would be more appropriate.

HINT: For intrauterine death pregnancies, codes V27.1, V27.4, and V27.7 would be more appropriate.

V0117   Exclusive check (if match, error) - W005

Diagnosis Table 3005   650   Delivery in a completely normal case

Relational Table 3003	V27.1	Single stillborn
	V27.2	Twins, both liveborn
	V27.3	Twins, one liveborn and one stillborn
	V27.4	Twins, both stillborn
	V27.5	Other multiple birth, all liveborn
	V27.6	Other multiple birth, some liveborn
	V27.7	Other multiple birth, all stillborn

HINT: Code V27.0 would be more appropriate.

V0117   ILLOGICAL OUTCOME OF DELIVERY (V27) FOR DELIVERY DIAGNOSIS CODES - CONTINUED (see guideline on page 100)

V0117   Exclusive check (if match, error) - W006

Diagnosis Table 3005	651.01	Twin pregnancy
Relational Table 3003	V27.0	Single liveborn
	V27.1	Single stillborn
	V27.5	Other multiple birth, all liveborn
	V27.6	Other multiple birth, some liveborn
	V27.7	Other multiple birth, all stillborn

HINT: Codes V27.2-V27.4 would be more appropriate.

V0117   Exclusive check (if match, error) - W007

Diagnosis Table 3005	651.11	Triplet pregnancy
	651.21	Quadruplet pregnancy
Relational Table 3003	V27.0	Single liveborn
	V27.1	Single stillborn
	V27.2	Twins, both liveborn
	V27.3	Twins, one liveborn and one stillborn
	V27.4	Twins, both stillborn

HINT: Codes V27.5-V27.7 would be more appropriate.

V0117   Exclusive check (if match, error) - W008

Diagnosis Table 3005	651.81	Other specified multiple gestation
	651.91	Unspecified multiple gestation
Relational Table 3003	V27.0	Single liveborn
	V27.1	Single stillborn

HINT: Codes V27.5-V27.7 would be more appropriate.

V0117 **ILLOGICAL OUTCOME OF DELIVERY (V27) FOR DELIVERY DIAGNOSIS CODES** - CONTINUED (see guideline on page 100)

V0117   Exclusive check (if match, error) - W009

Diagnosis Table 3005   656.41   Intrauterine death

Relational Table 3003   V27.0   Single liveborn
                            V27.2   Twins, both liveborn
                            V27.5   Other multiple birth, all liveborn

HINT: Codes V27.1, V27.4, and V27.7 would be more appropriate.

References: ICD-9-CM codebook, Codes V27.x, 651.x1 and 656.41.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 177-178; 1991, pages 212-213; 1994, page 225.

NOTE: Waiting for response from Coding Clinic's Editorial Advisory Board regarding codes 651.31, 651.41, 651.51, 651.61 and its relationship to codes V27.x.

V0118   POSTPARTUM CARE (V24) with OUTCOME OF DELIVERY (V27)

Guideline: The coder should not assign a code from category V27 when the mother delivered outside the hospital and was admitted subsequently.

V0118   Exclusive check (if match, error) - W010

Diagnosis Table 3005	V24.0	Postpartum care immediately after delivery
	V24.1	Lactating mother
	V24.2	Routine postpartum follow-up

Relational Table 3003	V27.0	Single liveborn
	V27.1	Single stillborn
	V27.2	Twins, both liveborn
	V27.3	Twins, one liveborn and one stillborn
	V27.4	Twins, both stillborn
	V27.5	Other multiple birth, all liveborn
	V27.6	Other multiple birth, some liveborn
	V27.7	Other multiple birth, all stillborn
	V27.9	Unspecified outcome of delivery

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 212-214; 1994, page 225.

V0119   **PREGNANCY CODES with NEWBORN CODES**

Guideline: Births in the hospital or immediately prior to admission are classified to categories V30-V39. In coding of the **newborn's** medical record for the hospital episode during which a birth occurs, an appropriate code from categories V30-V39 is assigned and sequenced first, <u>never as a secondary code</u>.

Category V29, Observation and evaluation of newborns and infants for suspected conditions not found, is for use only for health newborns and infants for which no condition after study is found to be present.

V0119   Exclusive check (if match, error) - W011

Diagnosis Table 3005   630-677   Complications of Pregnancy, Childbirth, and the Puerperium

Relational Table 3003   V29.x   Observation and evaluation of newborns and infants for suspected conditions not found
                              V30-V39   Liveborn infants according to type of birth

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References: ICD-9-CM Codebook, Codes V30-V39 (Liveborn infants according to type of birth) and V27 (Outcome of delivery).

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 177 and 207; 1991, pages 213 and 239; 1994, pages 255 and 259.

Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1992, page 21; 1st Quarter 1994, pages 8-9.

V0120   **NORMAL DELIVERY (650) with COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM**

Guideline: Code 650 is assigned only when labor and delivery as well as the antepartum and postpartum periods are entirely normal. Code 650 applies to the entire obstetrical experience, not just the delivery itself. Code 650 cannot be used with any other code from ICD-9-CM chapter 11 because other codes in categories 640-676 indicate that the obstetrical experience was complicated in some way.

V0120   Exclusive check (if match, error) - O006

Diagnosis Table 3005	650	Delivery in a completely normal case
Relational Table 3003	630-633	Ectopic and molar pregnancy
	634-639	Other pregnancy with abortive outcome
	640-648	Complications mainly related to pregnancy
	651-659	Other indications for care in pregnancy, labor, and delivery
	660-669	Complications occurring mainly in the course of labor and delivery
	670-677	Complications of the puerperium

References: ICD-9-CM Codebook, Tabular section, Code 650.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 181; 1991, page 208; 1994, page 221.

Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 28.

V0121   **COMPLICATIONS ASSOCIATED with ABORTION**

Guideline: Codes from 634-638 series with an appropriate fourth digit are assigned when a complication occurs during the admission for the abortion, and codes from category 639 are assigned when the patient is readmitted for a complication occurring when treatment for the abortion itself was completed previously. A code from the 634-638 series cannot be assigned with a code from category 639.

V0121   Exclusive check - if match, error - O008

Diagnosis Table 3005   634-638   Other pregnancy with abortive outcome

Relational Table 3003   639   Complications following abortion and ectopic and molar pregnancies

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References: ICD-9-CM Codebook, Tabular section, Code 639 - read the Note.

                 ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 193-194; 1991, pages 223-224; 1994, page 238.

V0122   **COMPLICATIONS (639) INVALID AS <u>PRINCIPAL</u> DIAGNOSIS ON MOLAR AND ECTOPIC PREGNANCIES**

<u>Guideline</u>:   When the complication occurs during an admission to treat the ectopic or molar pregnancy, a code from the 630-633 series is sequenced <u>first</u>, followed by a code from category 639.

When the complication occurs after the initial episode of treatment and discharge, only the code from category 639 is assigned.

V0122   Exclusive check (if match, error) - O010

Diagnosis Table 3005	639	Complications following abortion and ectopic and molar pregnancies
Relational Table 3003	630-633	Ectopic and molar pregnancy

<u>References</u>:   ICD-9-CM Codebook, Tabular section, Code 639 - read the Note.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 199; 1991, pages 228-229; 1994, page 244.

~~**V0123   PREGNANCY CONDITIONS without FIFTH DIGIT "0" ON ABORTION CASES**~~
- effective change as of 10/1/95

Guideline: When a complication of pregnancy has resulted in abortion or has influenced the decision to perform an abortion, a code from categories 640-648 and 651-657 may be used as an <u>additional</u> <u>code</u>. Fifth digit "0" is assigned with codes from these categories when used with an abortive outcome code because the other fifth digits do not apply.

V0123   Exclusive check (if match, error) - O011

| Diagnosis Table 3005 | 630-633 | Ectopic and molar pregnancy |
| | 634-639 | Other pregnancy with abortive outcome |

Relational Table 3003	<u>640-648</u> with 5th digits "**1, 2, 3, 4**"	Complications mainly related to pregnancy
	<u>651-657</u> with 5th digits "**1, 2, 3, 4**"	Other indications for care in pregnancy, labor, and delivery
	<u>660-669</u> with 5th digits "**1, 2, 3, 4**"	Complications occurring in the course of labor and delivery
	<u>670-676</u> with 5th digits "**1, 2, 3, 4**"	Complications of the puerperium

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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 195; 1991, pages 226; 1994, page 240.

V0124   OUTCOME OF DELIVERY (V27) FOUND ILLOGICAL with "NON-DELIVERY" OBSTETRICAL CODES

Guideline: Category V27 is intended for the coding of the outcome of delivery on the mother's record. Category V27 does not logically relate to obstetrical codes 640-648 or 651-676 with fifth digits "3 or 4". Obstetrical fifth digits 3 and 4 are used only when delivery does not occur during the current episode.

V0124   Exclusive Check (if match, error) - W013

Diagnosis Table 3005 ODX		
	V27.0	Single liveborn
	V27.1	Single stillborn
	V27.2	Twins, both liveborn
	V27.3	Twins, one liveborn and one stillborn
	V27.4	Twins, both stillborn
	V27.5	Other multiple birth, all liveborn
	V27.6	Other multiple birth, some liveborn
	V27.7	Other multiple birth, all stillborn
	V27.9	Unspecified outcome of delivery

Relational Table 3003		
	640-648 with 5th digits "**3**, **4**"	Complications mainly related to pregnancy
	651-659 with 5th digits "**3**, **4**,"	Other indications for care in pregnancy, labor, and delivery
	660-669 with 5th digits "**3**, **4**"	Complications occurring mainly in the course of labor and delivery
	670-676 with 5th digits "**3**, **4**"	Complications of the puerperium

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References: ICD-9-CM Codebook, Code V27 - read the Note.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 179;   1991, page 206.

V0125   **NEWBORN WITH BIRTH INJURIES versus TRAUMATIC INJURIES**

<u>Guideline</u>:   Injuries due to birth injuries are classified to Chapter 15 of ICD-9-CM (perinatal conditions). If the injuries actually occurred in the birth process, ICD-9-CM refers coders to "Birth" section in the alphabetic index for proper coding of birth injuries. If congenital dislocation is documented, ICD-9-CM refers coders to "Dislocation, congenital" in the alphabetic index.
Exception: If a traumatic injury occurred after birth (i.e. fall) during hospitalization, please override this edit.

V0125   Exclusive check (if match, error) - W014

Diagnosis Table 3005	V30.0x	Single liveborn, born in hospital
	V31.0x	Twin, mate liveborn, born in hospital
	V32.0x	Twin, mate stillborn, born in hospital
	V33.0x	Twin, unspecified, born in hospital
	V34.0x	Other multiple liveborn, mates all liveborn, born in hospital
	V35.0x	Other multiple liveborn, mates all stillborn, born in hospital
	V36.0x	Other multiple liveborn, mates live- and stillborn, born in hospital
	V37.0x	Other multiple liveborn, unspecified, born in hospital
	V39.0x	Liveborn, unspecified, born in hospital
Relational Table 3003	800.xx	Fracture, vault of skull
	801.xx	Fracture, base of skull
	802.xx	Fracture, face bones
	803.xx	Other and unqualified skull fractures
	804.xx	Multiple fractures involving skull or face with other bones
	805.xx	Fracture, vertebral column/no spinal cord injury
	806.xx	Fracture, vertebral column with spinal cord injury
	807.xx	Fracture, rib(s), sternum, larynx, and trachea
	808.xx	Fracture, pelvis
	809.x	Fracture, bones of trunk, ill-defined
	810.xx	Fracture, clavicle
	811.xx	Fracture, scapula
	812.xx	Fracture, humerus
	813.xx	Fracture, radius and ulna
	814.xx	Fracture, carpal bone
	815.xx	Fracture, metacarpal bone
	816.xx	Fracture, one or more phalanges of hand
	817.x	Multiple fractures, hand bones
	818.x	Fractures, upper limb, ill-defined

V0125   **NEWBORN WITH BIRTH INJURIES versus TRAUMATIC INJURIES** - CONTINUED (see guideline on page 110)

V0125   Exclusive check (if match, error) - W014 - Continued

Relational Table 3003	819.x	Multiple fractures involving both upper limbs, and upper limb with rib(s) and sternum
	820.xx	Fracture, neck of femur
	821.xx	Fracture, other and unspecified parts of femur
	822.x	Fracture, patella
	823.xx	Fracture, tibia and fibula
	824.x	Fracture, ankle
	825.xx	Fracture, one or more tarsal and metatarsal bones
	826.x	Fracture, one or more phalanges of foot
	827.x	Other, multiple, and ill-defined fractures of lower limb
	828.x	Multiple fractures, both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum
	829.x	Fracture, unspecified bones
	830.x	Dislocation, jaw
	831.xx	Dislocation, shoulder
	832.xx	Dislocation, elbow
	833.xx	Dislocation, wrist
	834.xx	Dislocation, finger
	835.xx	Dislocation, hip
	836.xx	Dislocation,knee
	837.x	Dislocation, ankle
	838.xx	Dislocation, foot
	839.xx	Other, multiple, and ill-defined dislocations
	850.xx	Concussion
	851.xx	Cerebral laceration and contusion
	852.xx	Subarachnoid, subdural, and extradural hemorrhage, following injury
	853.xx	Other and unspecified intracranial hemorrhage, following injury
	854.xx	Intracranial injury of other and unspecified nature
	860.xx	Traumatic pneumothorax and hemothorax
	861.xx	Injury to heart and lung
	862.xx	Injury to other and unspecified intrathoracic organs
	863.xx	Injury to gastrointestinal tract

V0125   **NEWBORN WITH BIRTH INJURIES versus TRAUMATIC INJURIES** - CONTINUED (see guideline on page 110)

V0125   Exclusive check (if match, error) - W014 - Continued

Relational Table 3003	864.xx	Injury to liver
	865.xx	Injury to spleen
	866.xx	Injury to kidney
	867.x	Injury to pelvic organs
	868.xx	Injury to other intra-abdominal organs
	869.x	Internal injury to unspecified or ill-defined organs
	870.x	Open wound, ocular adnexa
	871.x	Open wound, eyeball
	872.xx	Open wound, ear
	873.xx	Other open wound, head
	874.xx	Open wound, neck
	875.x	Open wound, chest wall
	876.x	Open wound, back
	877.x	Open wound, buttock
	878.x	Open wound, genital organs (external), including traumatic amputation
	879.x	Open wound, other and unspecified sites, except limbs
	880.xx	Open wound, shoulder and upper arm
	881.xx	Open wound, elbow, forearm, and wrist
	882.x	Open wound, hand except finger(s) alone
	883.x	Open wound, finger(s)
	884.x	Open wound, multiple and unspecified sites of upper limb
	885.x	Traumatic amputation, thumb
	886.x	Traumatic amputation, other finger
	887.x	Traumatic amputation, arm and hand
	890.x	Open wound, hip and thigh
	891.x	Open wound, knee, leg (except thigh), and ankle
	892.x	Open wound, foot except toe(s) alone
	893.x	Open wound, toe(s)
	894.x	Open wound, multiple and unspecified sites of lower limb
	895.x	Traumatic amputation, toe(s)
	896.x	Traumatic amputation, foot
	897.x	Traumatic amputation, leg
	900.xx	Injury, blood vessels, head and neck
	901.xx	Injury, blood vessels, thorax
	902.xx	Injury, blood vessels, abdomen and pelvis
	903.xx	Injury, blood vessels, upper extremity

V0125   **NEWBORN WITH BIRTH INJURIES versus TRAUMATIC INJURIES** - CONTINUED (see guideline on page 110)

V0125   Exclusive check (if match, error) - W014 - Continued

Relational Table 3003	904.xx	Injury, blood vessels, lower extremity and unspecified sites
	905.x	Late effects, musculoskeletal and connective tissue injuries
	906.x	Late effects, skin and subcutaneous tissue injuries
	907.x	Late effects, nervous system injuries
	908.x	Late effects, other and unspecified injuries
	909.x	Late effects, other and unspecified external causes
	910.x	Superficial injury, face, neck, and scalp except eye
	911.x	Superficial injury, trunk
	912.x	Superficial injury, shoulder and upper arm
	913.x	Superficial injury, elbow, forearm, and wrist
	914.x	Superficial injury, hand(s) except finger(s) alone
	915.x	Superficial injury, finger(s)
	916.x	Superficial injury, hip, thigh, leg, and ankle
	917.x	Superficial injury, foot and toe(s)
	918.x	Superficial injury, eye and adnexa
	919.x	Superficial injury, other, multiple, and unspecified sites
	920	Contusion, face, scalp, and neck except eye(s)
	921.x	Contusion, eye and adnexa
	922.x	Contusion, trunk
	923.x	Contusion, upper limb
	924.xx	Contusion, lower limb and other/unspecified sites
	925.x	Crushing injury, face, scalp and neck
	926.xx	Crushing injury, trunk
	927.xx	Crushing injury, upper limb
	928.xx	Crushing injury, lower limb
	929.x	Crushing injury, multiple and unspecified sites

References: ICD-9-CM Codebook, Alphabetic Index "Birth", "Fracture, due to birth injury", "Pneumothorax, fetus/newborn", "Cephalohematoma, fetus/newborn", "Ecchymoses, newborn", "Injury, birth", "Dislocation, congenital", "Laceration, cerebral, during birth."

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, pages 284-285; 1991, page 312; 1994, page 332 - "Fractures Classified Elsewhere" AND 1991, page 232; 1994, page 248 - "Congenital deformities versus Perinatal deformities."

V0126   **NEWBORN with PSYCHIATRIC MENTAL DISORDERS**

Guideline: When a live birth occurs, an appropriate code from categories V30-V39 is assigned and sequenced first. Newborns with problems do not warrant a diagnosis of a mental disorder. Psychiatric conditions need to be worked up thoroughly after birth before a diagnosis of mental disorder is made. It is not logical to report some mental disorders for live births.

Examples of diagnoses should be classified to the Chapters 14 or 15 of the ICD-9-CM Codebook:

Respiratory depression of newborn should have a diagnosis code 770.8, instead of diagnosis code 311 (depression).

Drug withdrawal syndrome in newborn should have a diagnosis code 779.5, instead of diagnosis code 292.0 (drug withdrawal syndrome).

V0126   Exclusive Check (if match, error) - W015

Diagnosis Table 3005   V30-V39   Liveborn infants according to type of birth (except 4th digit "2")

Relational Table 3003   290 - 316   Mental Disorders

References: ICD-9-CM Codebook, Index List, various terms such as Disorder, Mental; Depression, respiratory center, newborn; Syndrome, drug withdrawal; Maternal condition affecting fetus or newborn; Birth; etc.

V0127   **SEPTIC SHOCK INVALID AS <u>PRINCIPAL</u> DIAGNOSIS WHEN SEPTICEMIA IS PRESENT**

<u>Guideline</u>:   When the diagnosis of septicemia with shock or the diagnosis of general sepsis with septic shock is documented, the septicemia should be coded and listed first, and the septic shock code should be reported as a secondary condition.

V0127   Exclusive check (if match, error) - X024

Diagnosis Table 3005   785.59   Shock

Relational Table 3003   038.0   Streptococcal septicemia
                               038.1x   Staphylococcal septicemia
                               038.2   Pneumococcal septicemia
                               038.3   Septicemia due to anaerobes
                               038.40   Septicemia due to gram-negative organism, unspecified
                               038.41   Septicemia due to hemophilus influenzae
                               038.42   Septicemia due to Escherichia coli
                               038.43   Septicemia due to Pseudomonas
                               038.44   Septicemia due to Serratia
                               038.49   Septicemia due to other gram-negative organisms
                               038.8   Other specified septicemias
                               038.9   Unspecified septicemia

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<u>References</u>:   Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1988, pages 1-3; 3rd Quarter 1988, page 12; 4th Quarter 1988, page 10.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 91; 1991, pages 99-100; 1994, page 90.

V0128   **EXTENT OF BURN - 5TH DIGIT FOR THIRD DEGREE INVALID FOR CATEGORY 948**

Guideline: Category 948 is based on the classic "rules of nines" in estimating body surface involved: head and neck are assigned 9%, each arm 9%, each leg 18%, the anterior trunk 18%, the posterior trunk 18%, and genitalia 1%. Physicians may change these percentage assignments for burns where necessary to accommodate infants and children who have proportionately larger heads than adults and patients who have large buttocks, thighs, or abdomen.

In category 948, the 4th digit indicates the percentage of body surface involved in all types of burns, and the 5th digit indicates the percentage of total body surface involved in 3rd degree burn only. When using category 948 as an additional code, the 5th digit should correspond to the percentage of body surface involved in 3rd degree. For some sites indicating more than 10% with 3rd degree (see the codes listed below in the diagnosis table), it is illogical to have code 948.x with 5th digit "0" (third degree less than 10%).

Exception: If the affected burn site is coded to the highest degree and the extent of the 3rd degree burn is actually less than 10% in the same site, override the edit.

V0128   Exclusive check (if match, error) - X025

Diagnosis Table 3005	942.30	Burn (3rd degree, NOS) - trunk, unspecified site (18%)
	942.32	Burn (3rd degree, NOS) - chest wall (18%)
	942.33	Burn (3rd degree, NOS) - abdominal wall (18%)
	942.34	Burn (3rd degree, NOS) - back (18%)
	942.39	Burn (3rd degree, NOS) - other/multiple sites of trunk (18%)
	942.40	Burn (Deep 3rd degree) - trunk, unspecified site (18%)
	942.42	Burn (Deep 3rd degree) - chest wall (18%)
	942.43	Burn (Deep 3rd degree) - abdominal wall (18%)
	942.44	Burn (Deep 3rd degree) - back (18%)
	942.49	Burn (Deep 3rd degree) - other/multiple sites of trunk (18%)
	942.50	Burn (Deep 3rd degree/Loss) - trunk, unspecified site (18%)
	942.52	Burn (Deep 3rd degree/Loss) - chest wall (18%)
	942.53	Burn (Deep 3rd degree/Loss) - abdominal wall (18%)
	942.54	Burn (Deep 3rd degree/Loss) - back (18%)
	942.59	Burn (Deep 3rd degree/Loss) - other/multiple sites of trunk (18%)
	945.30	Burn (3rd degree, NOS) - lower limb, unspecified site (18%)
	945.34	Burn (3rd degree, NOS) - lower leg (18%)
	945.36	Burn (3rd degree, NOS) - thigh (18%)
	945.39	Burn (3rd degree, NOS) - multiple sites of lower limb (18%)
	945.40	Burn (Deep 3rd degree) - lower limb, unspecified site (18%)
	945.44	Burn (Deep 3rd degree) - lower leg (18%)
	945.46	Burn (Deep 3rd degree) - thigh (18%)
	945.49	Burn (Deep 3rd degree) - multiple sites of lower limb (18%)
	945.50	Burn (Deep 3rd degree/Loss) - lower limb, unspecified site (18%)
	945.54	Burn (Deep 3rd degree/Loss) - lower leg (18%)
	945.56	Burn (Deep 3rd degree/Loss) - thigh (18%)
	945.59	Burn (Deep 3rd degree/Loss) - multiple sites of lower limb (18%)

V0128   **EXTENT OF BURN - 5TH DIGIT FOR THIRD DEGREE INVALID FOR CATEGORY 948** - CONTINUED (see guideline on page 116)

V0128   Exclusive check (if match, error) - X025 - Continued

Relational Table 3003	948.00	Burn - less than 10% of body surface with less than 10% with 3rd degree
	948.10	Burn - 10-19% of body surface with less than 10% with 3rd degree
	948.20	Burn - 20-29% of body surface with less than 10% with 3rd degree
	948.30	Burn - 30-39% of body surface with less than 10% with 3rd degree
	948.40	Burn - 40-49% of body surface with less than 10% with 3rd degree
	948.50	Burn - 50-59% of body surface with less than 10% with 3rd degree
	948.60	Burn - 60-69% of body surface with less than 10% with 3rd degree
	948.70	Burn - 70-79% of body surface with less than 10% with 3rd degree
	948.80	Burn - 80-89% of body surface with less than 10% with 3rd degree
	948.90	Burn - 90% or more of body surface with less than 10% with 3rd degree

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References: Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1984, page 13; Mar/Apr 1986, pages 9-10; 4th Quarter 1988, pages 3-4.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 298-299; 1991, pages 326-327; 1994, pages 352-353.

V0129   **EXTENT OF BURN (CATEGORY 948) INVALID AS <u>PRINCIPAL</u> DIAGNOSIS WHEN THERE ARE OTHER BURNS LISTED AS SECONDARY DIAGNOSES**

<u>Guideline</u>:   Category 948 can be assigned as a solo burn when the sites involved are not specified or as a <u>secondary</u> code to indicate the amount of body surface involved in the burn for categories 940-947.

V0129	Exclusive check (if match, error) - X023

Diagnosis Table 3005	948	All extent of burns
Relational Table 3003	940-947	All burns

<u>References</u>:   Coding Clinic for ICD-9-CM, AHA, Mar/Apr 1986, pages 9-10; 4th Quarter 1988, pages 3-4.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 298-299; 1991, pages 326-327; 1994, pages 352-353.

V0130   MENTAL OBSERVATION CODE with MENTAL DIAGNOSIS

Guideline: DSM-III-R and DSM-IV instruct coders to use V71.09 or 799.9 to indicate that no diagnosis on Axis I or Axis II is available at discharge. Because the DSM-III-R coding guidelines are different from the ICD-9-CM coding guidelines, modifications are required to establish uniformity.

The Psychiatric Health Record Practitioners (PHRP) of the California Health Information Association recognizes the potential problems and states in *PHRP Coding Guidelines*, "Diagnoses must be properly sequenced for submission to Medicare, insurance companies, OSHPD and other agencies. If absolutely necessary, these codes [V71.09 and 799.90] can be used for in-house hospital tracking purposes but do not report to data processor, OSHPD, surveys, etc. This may require re-sequencing diagnoses, if there are diagnoses on Axes I and II." Codes V71.09 and 799.9 fill OSHPD'S database with useless information and should not be reported. **OSHPD would like to reinforce this guideline by requesting that psych facilities should not use these codes (V71.09 and 799.9) when reporting to OSHPD.**

V0130   Exclusive Check (if match, error) - Y001

| Diagnosis Table 3005 | 799.9 | Other unknown and unspecified cause |
| | V71.09 | Observation for other suspected mental condition |

| Relational Table 3003 | 290.0 - 319 | Mental Disorders |

References: Diagnostic and Statistic Manual of Mental Disorders (Third Edition -Revised) DSM-III-R, American Psychiatric Association, 1987, page 363.

Diagnostic and Statistic Manual of Mental Disorders (Fourth Edition), DSM-IV, American Psychiatric Association, 1994, page 687.

Psychiatric Health Record Practitioners (PHRP) Coding Guidelines, May 1990, Presented by Gayle Old-Smith, RRA, page 5.

CMRA Newsletter, Gayle Old-Smith, RRA, August 1989, page 20.

V0131   GANGRENOUS INGUINAL HERNIA WITH and WITHOUT RECURRENCE

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "3" is used to identify one or both gangrenous inguinal hernias diagnosed as recurrent. Two unilateral inguinal hernias with one hernia being recurrent should be combined into one combination code using the fifth digit "3" (550.03).

V0131   Exclusive Check (if match, error) - R049

Diagnosis Table 3005   550.00   Inguinal hernia, with gangrene, unilateral or unspecified (not specified as recurrent)

Relational Table 3003   550.01   Inguinal hernia, with gangrene, unilateral or unspecified, recurrent

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References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question)

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

V0132   **OBSTRUCTIVE INGUINAL HERNIA WITH and WITHOUT RECURRENCE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "3" is used to identify one or both obstructive inguinal hernias diagnosed as recurrent. Two unilateral inguinal hernias with one hernia being recurrent should be combined into one combination code using the fifth digit "3" (550.13).

V0132   Exclusive Check (if match, error) - R051

Diagnosis Table 3005   550.10   Inguinal hernia, with obstruction, unilateral or unspecified (not specified as recurrent)

Relational Table 3003   550.11   Inguinal hernia, with obstruction, unilateral or unspecified, recurrent

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References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989; page 140; 1991, page 165.

V0133   INGUINAL HERNIA WITH and WITHOUT RECURRENCE

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "3" is used to identify bilateral inguinal hernias with one or both hernias diagnosed as recurrent. Two unilateral inguinal hernias should be combined into one combination code using the fifth digit "3" (550.93).

V0133   Exclusive Check (if match, error) - R053

Diagnosis Table 3005   550.90   Inguinal hernia, unilateral or unspecified (not specified as recurrent)

Relational Table 3003   550.91   Inguinal hernia, unilateral or unspecified, recurrent

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References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

V0134   GANGRENOUS FEMORAL HERNIA WITH and WITHOUT RECURRENCE

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for femoral hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "3" is used to identify one or both gangrenous femoral hernias diagnosed as recurrent. Two unilateral femoral hernias with one hernia being recurrent should be combined into one combination code using the fifth digit "3" (551.03).

V0134   Exclusive Check (if match, error) - R055

Diagnosis Table 3005   551.00   Femoral hernia, with gangrene, unilateral or unspecified (not specified as recurrent)

Relational Table 3003   551.01   Femoral hernia, with gangrene, unilateral or unspecified, recurrent
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References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

V0135   OBSTRUCTIVE FEMORAL HERNIA WITH and WITHOUT RECURRENCE

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for femoral hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "3" is used to identify with one or both obstructive femoral hernias diagnosed as recurrent. Two unilateral femoral hernias with one hernia being recurrent should be combined into one combination code using the fifth digit "3" (552.03).

V0135   Exclusive Check (if match, error) - R057

Diagnosis Table 3005   552.00   Femoral hernia, with obstruction, unilateral or unspecified (not specified as recurrent)

Relational Table 3003   552.01   Femoral hernia, with obstruction, unilateral or unspecified, recurrent
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References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

V0136   **FEMORAL HERNIA WITH and WITHOUT RECURRENCE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for femoral hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "3" is used to identify bilateral femoral hernias with one or both hernias diagnosed as recurrent. Two unilateral femoral hernias should be combined into one combination code using the fifth digit "3" (553.03).

V0136   Exclusive Check (if match, error) - R059

Diagnosis Table 3005   553.00   Femoral hernia, unilateral or unspecified (not specified as recurrent)

Relational Table 3003   553.01   Femoral hernia, unilateral or unspecified, recurrent

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References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

V0137   **INGUINAL HERNIA with GANGRENE AND OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The ICD-9-CM Index indicates that gangrene includes obstruction for hernia conditions. The fifth digit "2" or "3" is used to identify bilateral inguinal hernias with one or both hernias diagnosed with gangrene and obstruction. Two unilateral inguinal hernias with one hernia being gangrenous and one hernia being obstructive should be combined into one combination code using the gangrenous inguinal hernia code (550.0x) and the fifth digit "2" or "3".

V0137   Exclusive Check (if match, error) - R061

Diagnosis Table 3005	550.00	Inguinal hernia, with gangrene, unilateral or unspecified, not specified as recurrent)
	550.01	Inguinal hernia, with gangrene, unilateral or unspecified, recurrent
	550.02	Inguinal hernia, with gangrene, bilateral, (not specified as recurrent)
	550.03	Inguinal hernia, with gangrene, bilateral, recurrent
Relational Table 3003	550.10	Inguinal hernia, with obstruction, unilateral or unspecified, (not specified as recurrent)
	550.11	Inguinal hernia, with obstruction, unilateral or unspecified, recurrent
	550.12	Inguinal hernia, with obstruction, bilateral (not specified as recurrent)
	550.13	Inguinal hernia, with obstruction, bilateral, recurrent

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References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1991: page 165; 1989: page 140.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for code description under code 550.0.

V0138   **INGUINAL HERNIA WITH and WITHOUT GANGRENE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "2" or "3" is used to identify bilateral inguinal hernias with one or both hernias diagnosed with gangrene. Two unilateral inguinal hernias with one hernia being gangrene should be combined into one combination code using the gangrenous inguinal hernia code (550.0x) and the fifth digit "2" or "3".

V0138   Exclusive Check (if match, error) - R063

Diagnosis Table 3005	550.00	Inguinal hernia, with gangrene, unilateral or unspecified, not specified as recurrent)
	550.01	Inguinal hernia, with gangrene, unilateral or unspecified, recurrent
	550.02	Inguinal hernia, with gangrene, bilateral, (not specified as recurrent)
	550.03	Inguinal hernia, with gangrene, bilateral, recurrent
Relational Table 3003	550.90	Inguinal hernia, unilateral or unspecified, not specified as recurrent)
	550.91	Inguinal hernia, unilateral or unspecified, recurrent
	550.92	Inguinal hernia, bilateral, (not specified as recurrent)
	550.93	Inguinal hernia, bilateral, recurrent

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1991: page 165; 1989: page 140.

ICD-9-CM Codebook, Index List for combination usage.

V0139   **INGUINAL HERNIA WITH and WITHOUT OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "2" or "3" is used to identify bilateral inguinal hernias with one or both hernias diagnosed with obstruction. Two unilateral inguinal hernias with one hernia being obstructive should be combined into one combination code using the obstructive hernia code (550.1x) and the fifth digit "2" or "3".

V0139   Exclusive Check (if match, error) - R065

Diagnosis Table 3005	550.10	Inguinal hernia, with obstruction, unilateral or unspecified, (not specified as recurrent)
	550.11	Inguinal hernia, with obstruction, unilateral or unspecified, recurrent
	550.12	Inguinal hernia, with obstruction, bilateral (not specified as recurrent)
	550.13	Inguinal hernia, with obstruction, bilateral, recurrent
Relational Table 3003	550.90	Inguinal hernia, unilateral or unspecified, not specified as recurrent)
	550.91	Inguinal hernia, unilateral or unspecified, recurrent
	550.92	Inguinal hernia, bilateral, (not specified as recurrent)
	550.93	Inguinal hernia, bilateral, recurrent

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1991, page 165; 1989, page 140.

ICD-9-CM Codebook, Index List for combination usage.

V0140   **FEMORAL HERNIA WITH GANGRENE and OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for femoral hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The ICD-9-CM Index indicates that gangrene includes obstruction for hernia conditions. The fifth digit "2" or "3" is used to identify bilateral femoral hernias with one or both hernias diagnosed with gangrene and obstruction. Two unilateral femoral hernias with one hernia being gangrenous and one hernia being obstructive should be combined into one combination code using the gangrenous femoral hernia code (551.0x) and the fifth digit "2" or "3".

V0140   Exclusive Check (if match, error) - R067

Diagnosis Table 3005	551.00	Femoral hernia, with gangrene, unilateral or unspecified, not specified as recurrent)
	551.01	Femoral hernia, with gangrene, unilateral or unspecified, recurrent
	551.02	Femoral hernia, with gangrene, bilateral, (not specified as recurrent)
	551.03	Femoral hernia, with gangrene, bilateral, recurrent
Relational Table 3003	552.00	Femoral hernia, with obstruction, unilateral or unspecified, (not specified as recurrent)
	552.01	Femoral hernia, with obstruction, unilateral or unspecified, recurrent
	552.02	Femoral hernia, with obstruction, bilateral (not specified as recurrent)
	552.03	Femoral hernia, with obstruction, bilateral, recurrent

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References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1991: page 165; 1989: page 140.

ICD-9-CM Codebook: Index List for combination usage & Tabular List for code description under category 551, Exclusive notes = categories 552 & 553.

V0141   FEMORAL HERNIA WITH and WITHOUT GANGRENE

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for femoral hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "2" or "3" is used to identify bilateral femoral hernias with one or both hernias diagnosed with gangrene. Two unilateral femoral hernias with one hernia being gangrene should be combined into one combination code using the gangrenous femoral hernia (551.0x) and the fifth digit "2" or "3".

V0141   Exclusive Check (if match, error) - R069

Diagnosis Table 3005	551.00	Femoral hernia, with gangrene, unilateral or unspecified, not specified as recurrent)
	551.01	Femoral hernia, with gangrene, unilateral or unspecified, recurrent
	551.02	Femoral hernia, with gangrene, bilateral, (not specified as recurrent)
	551.03	Femoral hernia, with gangrene, bilateral, recurrent
Relational Table 3003	553.00	Femoral hernia, unilateral or unspecified, not specified as recurrent)
	553.01	Femoral hernia, unilateral or unspecified, recurrent
	553.02	Femoral hernia, bilateral, (not specified as recurrent)
	553.03	Femoral hernia, bilateral, recurrent

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1991: page 165; 1989: page 140.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0142   **FEMORAL HERNIA WITH and WITHOUT OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for femoral hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "2" or "3" is used to identify bilateral femoral hernias with one or both hernias diagnosed with obstruction. Two unilateral femoral hernias with one hernia being obstructive should be combined into one combination code using the obstructive femoral hernia (552.0x) and the fifth digit "2" or "3".

V0142   Exclusive Check (if match, error) - R071

Diagnosis Table 3005	552.00	Femoral hernia, with obstruction, unilateral or unspecified, (not specified as recurrent)
	552.01	Femoral hernia, with obstruction, unilateral or unspecified, recurrent
	552.02	Femoral hernia, with obstruction, bilateral (not specified as recurrent)
	552.03	Femoral hernia, with obstruction, bilateral, recurrent
Relational Table 3003	553.00	Femoral hernia, unilateral or unspecified, not specified as recurrent)
	553.01	Femoral hernia, unilateral or unspecified, recurrent
	553.02	Femoral hernia, bilateral, (not specified as recurrent)
	553.03	Femoral hernia, bilateral, recurrent

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1991: age 165; 1989: page 140.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0143   **UMBILICAL HERNIA with GANGRENE AND OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

The ICD-9-CM Index indicates that gangrene includes obstruction for hernia conditions. Two unilateral umbilical hernias with one hernia being gangrenous and one hernia being obstructive should be combined into one combination code using the gangrenous umbilical hernia (551.1).

V0143   Exclusive Check (if match, error) - R073

Diagnosis Table 3005   551.1   Umbilical hernia with gangrene

Relational Table 3003   552.1   Umbilical hernia with obstruction
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References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Inclusive Note under category 551 and Exclusive Notes under categories 552 and 553.

V0144　　　　**UMBILICAL HERNIA WITH and WITHOUT GANGRENE**

Guideline:　　Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

　　　　　　Two unilateral umbilical hernias with one hernia being gangrenous should be combined into one combination code using the gangrenous umbilical hernia (551.1).

V0144　　　　　Exclusive Check (if match, error) - R075

Diagnosis Table 3005　　　　551.1　　　　Umbilical hernia with gangrene

Relational Table 3003　　　　553.1　　　　Umbilical hernia

References:　　Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

　　　　　　ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

　　　　　　ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0145   **UMBILICAL HERNIA WITH and WITHOUT OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral umbilical hernias with one hernia being obstructive should be combined into one combination code using the obstructive umbilical hernia (552.1).

V0145   Exclusive Check (if match, error) - R077

Diagnosis Table 3005   552.1   Umbilical hernia with obstruction

Relational Table 3003   553.1   Umbilical hernia

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0146   **VENTRAL HERNIA with GANGRENE AND OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

The ICD-9-CM Index indicates that gangrene includes obstruction for hernia conditions. Two unilateral ventral hernias with one hernia being gangrenous and one hernia being obstructive should be combined into one combination code using the gangrenous ventral hernia (551.20).

V0146   Exclusive Check (if match, error) - R079

Diagnosis Table 3005   551.20   Ventral hernia, unspecified, with gangrene

Relational Table 3003   552.20   Ventral hernia , unspecified, with obstruction
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References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Inclusive Note for category 551 and Exclusive Notes under categories 552 and 553.

V0147   **VENTRAL HERNIA WITH and WITHOUT GANGRENE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral ventral hernias with one hernia being gangrenous should be combined into one combination code using the gangrenous ventral hernia (551.20).

V0147   Exclusive Check (if match, error) - R081

Diagnosis Table 3005   551.20   Ventral hernia, unspecified, with gangrene

Relational Table 3003   553.20   Ventral hernia, unspecified

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0148   **VENTRAL HERNIA WITH and WITHOUT OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral ventral hernias with one hernia being obstructive should be combined into one combination code using the obstructive ventral hernia (552.20).

V0148   Exclusive Check (if match, error) - R083

Diagnosis Table 3005   552.20   Ventral hernia, unspecified, with obstruction

Relational Table 3003   553.20   Ventral hernia, unspecified

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0149   **DIAPHRAGMATIC HERNIA with GANGRENE AND OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

The ICD-9-CM Index indicates that gangrene includes obstruction for hernia conditions. Two unilateral diaphragmatic hernias with one hernia being gangrenous and one hernia being obstructive should be combined into one combination code using the gangrenous diaphragmatic hernia (551.3).

V0149   Exclusive Check (if match, error) - R085

Diagnosis Table 3005   551.3   Diaphragmatic hernia with gangrene

Relational Table 3003   552.3   Diaphragmatic hernia with obstruction
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References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Inclusive Note under category 551 and Exclusive Notes under categories 552 and 553.

V0150   **DIAPHRAGMATIC HERNIA WITH and WITHOUT GANGRENE**

<u>Guideline:</u>   Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral diaphragmatic hernias with one hernia being gangrenous should be combined into one combination code using the gangrenous diaphragmatic hernia (551.3).

V0150   Exclusive Check (if match, error) - R087

Diagnosis Table 3005   551.3   Diaphragmatic hernia with gangrene

Relational Table 3003   553.3   Diaphragmatic hernia

<u>References:</u>   Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0151   DIAPHRAGMATIC HERNIA WITH and WITHOUT OBSTRUCTION

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral diaphragmatic hernias with one hernia being obstructive should be combined into one combination code using the obstructive diaphragmatic hernia (552.3).

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V0151           Exclusive Check (if match, error) - R089
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Diagnosis Table 3005          552.3          Diaphragmatic hernia with obstruction

Relational Table 3003         553.3          Diaphragmatic hernia
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References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0152   **INCISIONAL HERNIA with GANGRENE AND OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

The ICD-9-CM Index indicates that gangrene includes obstruction for hernia conditions. Two unilateral incisional hernias with one hernia being gangrenous and one hernia being obstructive should be combined into one combination code using the gangrenous incisional hernia (551.21).

V0152   Exclusive Check (if match, error) - R091

Diagnosis Table 3005   551.21   Incisional hernia with gangrene

Relational Table 3003   552.21   Incisional hernia with obstruction
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References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under categories 552 and 553.

V0153   **INCISIONAL HERNIA WITH and WITHOUT GANGRENE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral incisional hernias with one hernia being gangrenous should be combined into one combination code using the gangrenous incisional hernia (551.21).

V0153   Exclusive Check (if match, error) - R093

Diagnosis Table 3005   551.21   Incisional hernia with gangrene

Relational Table 3003   553.21   Incisional hernia

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0154   INCISIONAL HERNIA WITH and WITHOUT OBSTRUCTION

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral incisional hernias with one hernia being obstructive should be combined into one combination code using the obstructive incisional hernia (552.21).

V0154   Exclusive Check (if match, error) - R095

Diagnosis Table 3005   552.21   Incisional hernia with obstruction

Relational Table 3003   553.21   Incisional hernia

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0155   **EPIGASTRIC HERNIA with GANGRENE AND OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

The ICD-9-CM Index indicates that gangrene includes obstruction for hernia conditions. Two unilateral epigastric hernias with one hernia being gangrenous and one hernia being obstructive should be combined into one combination code using the gangrenous epigastric hernia (551.29).

V0155   Exclusive Check (if match, error) - R097

Diagnosis Table 3005   551.29   Epigastric hernia with gangrene

Relational Table 3003   552.29   Epigastric hernia with obstruction

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References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Inclusive Note under category 551 and Exclusive Notes under categories 552 and 553.

V0156   **EPIGASTRIC HERNIA WITH and WITHOUT GANGRENE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral epigastric hernias with one hernia being gangrenous should be combined into one combination code using the gangrenous epigastric hernia (551.29).

V0156   Exclusive Check (if match, error) - R099

Diagnosis Table 3005   551.29   Epigastric hernia with gangrene

Relational Table 3003   553.29   Epigastric hernia

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0157   **EPIGASTRIC HERNIA WITH and WITHOUT OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral epigastric hernias with one hernia being obstructive should be combined into one combination code using the obstructive epigastric hernia (552.29).

V0157   Exclusive Check (if match, error) - R101

Diagnosis Table 3005   552.29   Epigastric hernia with obstruction

Relational Table 3003   553.29   Epigastric hernia

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0158   **ABORTION or DELIVERY - WHICH IS IT?**

Guideline: When a complication of pregnancy has resulted in abortion, a code from categories 640-648 and 651-657 may be used as an additional code. Fifth-digit 0 is assigned with codes from these categories when used with an abortion code because the other fifth digits do not apply.

The term "missed abortion" refers to early fetal death prior to the completion of 22 weeks of gestation, with the fetus retained for a period of time. It is illogical to have a missed abortion and a current pregnancy with delivery (5th digits 1 or 2) appear together on the same record.

If the patient with a diagnosis of multiple gestation suffers early fetal loss (abortion) with one or more remaining fetuses, category 651 (multiple gestation) indicates that this occurred.

V0158   Exclusive Check (if match, error) - O012

Diagnosis Table 3005	632	Missed abortion
Relational Table 3003	640-648 with 5th digits **1 or 2**	Complications mainly related to pregnancy
	652-659 with 5th digits **1 or 2**	Other indications for care in pregnancy, labor, and delivery (Category 651 was excluded)
	660-669 with 5th digits **1 or 2**	Complications occurring mainly in the course of labor and delivery (*except 662.3x*)
	670-676 with 5th digits **1 or 2**	Complications of the puerperium

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References: ICD-9-CM Codebook, Tabular List under category 651.

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, pages 195 and 198; 1991, pages 226 and 228; 1994, pages 237 and 241.

V0159   **ELDERLY PRIMIGRAVIDA versus OTHER ADVANCED MATERNAL AGE - WHICH IS IT?**

Guideline: One type of the "Excludes" notes indicates that two conditions that appear similar actually have entirely different codes based on etiology. The "Excludes" note under code 659.6 (other advanced maternal age) excludes elderly primigravida (code 659.5). The correct interpretation in such cases is that one or the other should be used, but not both.

V0159   Exclusive Check (if match, error) - O014

Diagnosis Table 3005	659.50	Elderly primigravida, unspecified episode of care
	659.51	Elderly primigravida, delivered with or without mention of antepartum condition
	659.53	Elderly primigravida, antepartum or complication
Relational Table 3003	659.60	Elderly multigravida, unspecified episode of care
	659.61	Elderly multigravida, delivered with or without mention of antepartum condition
	659.63	Elderly multigravida, antepartum or complication

References: ICD-9-CM Codebook, Tabular List, Excludes notes under diagnosis code 659.6.

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 12; 1991, page 12; 1994, pages 12-13.

V0160   **MATERNAL CONDITION AFFECTING FETUS/BABY ON MOM'S RECORD**

<u>Guideline</u>:   Although many of the category titles in chapter 15 of ICD-9-CM codebook contain words that appear to refer to a maternal condition, all codes in chapter 15 pertain to the infant and are never assigned to the mother's medical record.

V0160   Exclusive Check (if match, error) - O016

Diagnosis Table 3005   640-677   Complications of pregnancy, childbirth, and the puerperium

Relational Table 3003   760-779   Certain conditions originating in the perinatal period
excludes: 760.76 Diethylstilbestrol (DES) influencing fetus
760.79 Other noxious influences affecting
fetus via placenta or breast milk

<u>References</u>:   ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 208; 1991, page 240; 1994, page 255.

760-779	Letter Response #4-91-99 from Central Office on ICD-9-CM; Coding Clinic 1st Quarter 1994, pages 8-12.
760-763	Official Coding Guidelines 6.1, Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1990, page 5; 1st Quarter 1994, pages 8-12.
760.7	Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1991, page 21; 2nd Quarter 1992, page 12.
760.75	Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1991, page 26; 3rd Quarter 1994, page 6.
764-765	Coding Clinic for ICD-9-CM, AHA, 2nd Quarter 1989, page 15; 2nd Quarter 1991, page 19; 1st Quarter 1994, pages 12-13, 14-15.
768	Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1992, page 20.
768.4	Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1986, page 10.
768.5	Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1986, pages 3-4.
768.6	Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1986, pages 3-4.
769	Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1986, page 6; 1st Quarter 1989, page 10.
770.6	Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1986, page 6; 1st Quarter 1989, page 10.
770.7	Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1986, page 11; 2nd Quarter 1991, page 19.
771	Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 4.
772.1	Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1988, page 8; 3rd Quarter 1994, page 8.
773.1	Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1992, pages 8-9.
774.2	Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1991, page 21.

V0160   MATERNAL CONDITION AFFECTING FETUS/BABY ON MOM'S RECORD -
CONTINUED

References: 774.6   Coding Clinic for ICD-9-CM, AHA, 2nd Quarter 1989, page 15; 1st Quarter 1994,
                           pages 11, 13, 14.
              775.0   Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1991, pages 3-12.
              775.1   Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1991, pages 3-12.
              779   Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1984, page 11.
              779.3   Coding Clinic for ICD-9-CM, AHA, 2nd Quarter 1989, page 15.
              779.5   Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1994, page 6.
              779.8   Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1994, page 15.

V0161   **CONCUSSION versus SPECIFIED HEAD INJURY**

Guideline: The diagnosis of concussion, category 850, refers to cerebral bruising leading to transient unconsciousness or no loss of consciousness. Patients with head injuries are often dazed for a short period after the head injury impact and it may be difficult to determine if traumatic unconsciousness occurred for one or more minutes. It should be noted that ICD-9-CM provides for the diagnosis of concussion to be classified without known loss of consciousness (code 850.0) based on clinical features of mental confusion or disorientation.

Codes from categories 850 are not assigned when the closed or open head injury is further described as a cerebral contusion or laceration, intracranial hemorrhage, skull fracture, or other specified condition classifiable to codes in the 800-801, 803-804, or 851-854 series. In these series, the use of fifth digits incorporates the presence of a concussion.

V0161   Exclusive check (if match, error) - R009

Diagnosis Table 3005   850.x   Concussion

Relational Table 3003   800.xx   Fracture of vault of skull
                              801.xx   Fracture of base of skull
                              803.xx   Other and unqualified skull fractures
                              804.xx   Multiple fractures involving skull or face with other bones
                              851.xx   Cerebral laceration and contusion
                              852.xx   Subarachnoid, Subdural, and Extradural hemorrhage, following injury
                              853.xx   Other and unspecified intracranial hemorrhage following injury
                              854.xx   Intracranial injury of other and unspecified nature

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References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1990, page 24; 2nd Quarter 1992, page 6; 1st Quarter 1999, page 10.

V0162   **HEAD INJURY NOS versus SPECIFIED HEAD INJURY**

Guideline: Brain or intracranial injury not otherwise specified is assigned to category 854.

However, codes from categories 854 are not assigned when the closed or open brain or intracranial injury is further described as a cerebral contusion or laceration, intracranial hemorrhage, skull fracture, or other specified condition classifiable to codes in the 800-801, 803-804, or 851-853 series. Read the excludes note under category 854.

V0162   Exclusive check (if match, error) - R010

Diagnosis Table 3005	854.xx	Intracranial injury of other and unspecified nature
Relational Table 3003	800.xx	Fracture of vault of skull
	801.xx	Fracture of base of skull
	803.xx	Other and unqualified skull fractures
	804.xx	Multiple fractures involving skull or face with other bones
	851.xx	Cerebral laceration and contusion
	852.xx	Subarachnoid, Subdural, and Extradural hemorrhage, following injury
	853.xx	Other and unspecified intracranial hemorrhage following injury

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References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1990, page 24; 2nd Quarter 1992, page 6, 4[h] Quarter 1997, see page 46.

~~**V0163**~~   ~~**CVA STROKE**~~ versus ~~**LATE EFFECT OF CVA**~~ - *effective change as of 10/1/97*

Guideline: Sequelae of CVA generally occur immediately after the onset of the stroke and may either subside over time or remain for a lifetime. It is not to be used as a secondary diagnosis code for a patient admitted for an initial stroke, <u>even if sequelae from the current stroke are present.</u>

Although the prior CVA is pertinent, the Official Coding Guideline 1.7A states: Do not assign 438 when a current diagnosis classifiable to the 430-437 categories are present. Assign codes for the individual residuals from the old CVA as additional codes for a patient admitted with a current CVA.

V0163   Exclusive check (if match, error) - Y002

Diagnosis Table 3005   438   Late effects of cerebrovascular disease

Relational Table 3003   433.x1   Occlusion and stenosis of precerebral arteries with cerebral infarction
        434.x1   Occlusion and stenosis of cerebral arteries with cerebral infarction
        436   Acute, but ill-defined cerebrovascular disease

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1992, page 21; 1st Quarter 1993, page 27.

V0164   **CVA versus SPECIFIED CEREBRAL OCCLUSION**

Guideline: When the diagnosis is given as "cerebrovascular accident," "CVA," or "stroke" without any further qualification, it is important for the coder to review the medical record to discover the cause of the stroke or "cerebrovascular stroke" or to consult with the physician and classify it accordingly.

Codes from categories 430-435 should be assigned when the specific type of stroke has been documented. Therefore, code 436, ill-defined cerebrovascular disease, should only be used when no further information is available. Read the "Excludes" note under code 436. The use of code 436 with a code from categories 430-435 or 438 is redundant and incorrect because the more specific code always takes precedence.

V0164   Exclusive Check (if match, error) - Y003

Diagnosis Table 3005   436   Acute, but ill-defined cerebrovascular disease

Relational Table 3003   430   Subarachnoid hemorrhage
                               431   Intracerebral hemorrhage
                               432   Other and unspecified intracranial hemorrhage
                               433   Occlusion and stenosis of precerebral arteries
                               434   Occlusion of cerebral arteries
                               435   Transient cerebral ischemia

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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 258; 1994, page 276.

Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1993, page 27; pages 38-39 (PRO); 2nd Quarter 1994, page 16.

~~**V0165**~~ ~~**AIDS - TOO MANY 4TH DIGITS**~~ - *effective change as of 10/1/94*

Guideline: Use only one code from the 042 series. Select the one that is most related to the principal diagnosis. For instance, a patient with candidiasis of the lung (112.4, 042.0) was treated for Kaposi's sarcoma (176, 042.2). The HIV infection described as AIDS would be assigned only one 042 code and should be most related to the principal diagnosis should be assigned (i.e. 042.2 for the principal diagnosis of Kaposi's sarcoma).

V0165   Exclusive check (if match, error) - Z006

Diagnosis Table 3005	042.0	AIDS with specified infections
Relational Table 3003	042.1	AIDS causing other specified infections
	042.2	AIDS with specified malignant neoplasms
	042.9	AIDS, unspecified

V0165   Exclusive check (if match, error) - Z007

Diagnosis Table 3005	042.1	AIDS with other specified infections
Relational Table 3003	042.2	AIDS with specified malignant neoplasms
	042.9	AIDS, unspecified

V0165   Exclusive check (if match, error) - Z008

Diagnosis Table 3005	042.2	AIDS with specified malignant neoplasms
Relational Table 3003	042.9	AIDS, unspecified

References: MMWR and Coding Clinic for ICD-9-CM, AHA, July/Aug 1986, pages 17-21.

                Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1993, page 22.

                MMWR (Morbidity) and Mortality Weekly Report, Dec 25, 1987, (NCHS and CDC) and in Coding Clinic for ICD-9-CM, AHA July/Aug 1987, pages 1-20.

                ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 94; 1991, page 105.

~~V0166~~ **~~ARC - TOO MANY 4TH DIGITS~~** - *effective change as of 10/1/94*

Guideline: Use only one code from the 043 series. Select the one that is most related to the principal diagnosis.
For instance, a patient with splenomegaly (789.2, 043.3) was treated for encephalitis (323.9, 043.1).
The HIV infection described as ARC would be assigned only one 043 code and should be most
related to the principal diagnosis should be assigned (i.e. 043.1 for the principal diagnosis of
encephalitis).

V0166   Exclusive check (if match, error) - Z009

Diagnosis Table 3005   043.0   ARC causing lymphadenopathy

Relational Table 3003   043.1   ARC causing specified diseases of the central nervous system
                                 043.2   ARC causing other disorders involving the immune mechanism
                                 043.3   ARC causing other specified conditions
                                 043.9   ARC, unspecified

V0166   Exclusive check (if match, error) - Z010

Diagnosis Table 3005   043.1   ARC causing specified diseases of the central nervous system

Relational Table 3003   043.2   ARC causing other disorders involving the immune mechanism
                                 043.3   ARC causing other specified conditions
                                 043.9   ARC, unspecified

V0166   Exclusive check (if match, error) - Z011

Diagnosis Table 3005   043.2   ARC causing other disorders involving the immune mechanism

Relational Table 3003   043.3   ARC causing other specified conditions
                                 043.9   ARC, unspecified

V0166   Exclusive check (if match, error) - Z012

Diagnosis Table 3005   043.3   ARC causing other specified conditions

Relational Table 3003   043.9   ARC, unspecified

~~V0166~~   **~~ARC - TOO MANY 4TH DIGITS~~ ~~CONTINUED~~** *- effective change as of 10/1/94*

<u>References:</u>   MMWR and Coding Clinic for ICD-9-CM, AHA, July/Aug 1986, pages 17-21.

Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1993, page 22.

MMWR (Morbidity) and Mortality Weekly Report, Dec 25, 1987, NCHS and CDC) and in Coding Clinic for ICD-9-CM, AHA July/Aug 1987, pages 1-20.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 94; 1991, page 105.

~~V0167~~ **~~HIV - TOO MANY 4TH DIGITS~~** - *effective change as of 10/1/94*

Guideline: Use only one code from the 044 series. Select the one that is most related to the principal diagnosis. For instance, a patient with viral syndrome (079.9, 044.0) was treated for aplastic anemia (284.9, 044.9). The HIV infection described only as HIV infection would be assigned only one 044 code and should be most related to the principal diagnosis should be assigned (i.e. 044.9 for the principal diagnosis of aplastic anemia).

V0167   Exclusive check (if match, error) - Z013

Diagnosis Table 3005	044.0	HIV causing specified acute infections
Relational Table 3003	044.9	HIV, unspecified

References: MMWR and Coding Clinic for ICD-9-CM, AHA, July/Aug 1986, pages 17-21.

Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1993, page 22.

MMWR (Morbidity) and Mortality Weekly Report, Dec 25, 1987, NCHS and CDC) and in Coding Clinic for ICD-9-CM, AHA July/Aug 1987, pages 1-20.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 94; 1991, page 105.

V0168   **TYPE I and TYPE II DIABETES**

<u>Guideline:</u>   Diabetes mellitus has two special features and special implications for patient care. The important factor in determining which fifth digit to use is whether the patient is a type I or type II.

Patients with type I (juvenile type or insulin-dependent) diabetes require insulin to maintain normal blood glucose levels. There are occasions during symptom-free intervals where insulin therapy is not required but this does not indicate that the type of diabetes has changed - it is still Type I (insulin-dependent diabetes).

Patients with type II (adult-onset type or non-insulin dependent) diabetes generally do not require insulin. There are occasions to control symptoms where insulin therapy is required but this does not indicate that the type of diabetes has changed - it is still Type II (non-insulin dependent diabetes).

It is incorrect to change the physician's designation of non-insulin dependent (Type II diabetes mellitus) to insulin dependent (Type I diabetes mellitus), without the attending physician's concurrence. The administration of insulin has no affect on code assignment. The age of the patient at the time of disease onset has no affect on code assignment. Only the type of diabetes (I or II) affects code assignment. The distinguishing factor between Type I and Type II is the presence or absence of natural insulin. Type I patients require insulin to sustain life because the body does not produce insulin. Type II patients, whose bodies are able to produce sufficient amounts of insulin, may receive insulin therapy (to correct symptomatic or persistent hyperglycemia), to assist the body in utilizing the insulin that is present in the body. Type II patients are not dependent on insulin to sustain life.

Coding diabetes as both Type I and Type II is contradictory and distorts statistics.

V0168   Exclusive check (if match, error) - X003

Diagnosis Table 3005   250.x0   Type II Diabetes mellitus [Non-insulin dependent]
                              250.x2   Type II Diabetes mellitus [Non-insulin dependent]

Relational Table 3003   250.x1   Type I Diabetes mellitus [Insulin dependent]
                              250.x3   Type I Diabetes mellitus [Insulin dependent]

<u>References:</u>   Coding Clinic for ICD-9-CM, AHA, 2nd Quarter 1990, page 22; 3rd Quarter 1991, pages 3-12; 4th Quarter 1993, page 19; 2nd Quarter 1997, page 14, 4th Quarter 1997, pages 32-33.

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, pages 109-110; 1991, pages 109-110; 1994, pages 101-102.

V0169   **CONTROLLED versus UNCONTROLLED DIABETES**

Guideline: Uncontrolled diabetes is a nonspecific term indicating that the patient's blood sugar level is not kept within acceptable levels by his or her current treatment regimen. The fifth digits indicating uncontrolled diabetes should only be used when the physician diagnoses uncontrolled diabetes.

Coding diabetes as both controlled and uncontrolled is contradictory and distorts statistics.

V0169   Exclusive check (if match, error) - X004

Diagnosis Table 3005   250.x0   Type II Diabetes mellitus, <u>not</u> stated as uncontrolled
                            250.x1   Type I Diabetes mellitus, <u>not</u> stated as uncontrolled

Relational Table 3003   250.x2   Type II Diabetes mellitus, uncontrolled
                            250.x3   Type I Diabetes mellitus, uncontrolled
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References: Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1985, page 11; 4th Quarter 1993, page 18.

V0170   HYPOGLYCEMIA and HYPOGLYCEMIC DIABETES

Guideline: Category 251, Other disorders of pancreatic internal secretion, should **not** be used for patients with diabetes mellitus. Therefore, hypoglycemia in a patient with diabetes mellitus should be coded to category 250, not 251.

Read the "Excludes" notes under codes 251.0, 251.1, and 251.2.

A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0170   Exclusive check (if match, error) - X005

Diagnosis Table 3005   251.1   Other specified hypoglycemia
                              251.2   Hypoglycemia, unspecified

Relational Table 3003   250.8   Hypoglycemia in diabetes mellitus
                              251.0   Hypoglycemic coma

V0170   Exclusive check (if match, error) - X015

Diagnosis Table 3005   251.0   Hypoglycemic coma

Relational Table 3003   250.3   Diabetes with other coma

References: Coding Clinic for ICD-9-CM, AHA, Mar/Apr 1985, pages 8-9 (before Oct 1993 revision); 4th Quarter 1993, page 19-21.

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 101; 1991,pages 114-115; 1994, pages 106-107.

V0171   **BACTEREMIA versus SEPTICEMIA**

<u>Guideline:</u>   Categories 790-796 are specified by ICD-9-CM for the reporting of nonspecific abnormal findings of diagnostic tests when no related diagnosis is established. Codes from the 790-796 series are never assigned on the basis of an abnormal laboratory finding alone, nor are they assigned when the associated diagnosis has been recorded.

Bacteremia is defined as the presence of bacteria in the blood. Septicemia is defined as systemic disease associated with the presence and persistence of pathogenic microorganisms or their toxins in the blood. The two terms are not synonymous. Bacteremia denotes a laboratory finding; septicemia denotes acute illness.

Read the Excludes note under code 790.7 and category 038.

V0171   Exclusive Check (if match, error) - X012

Diagnosis Table 3005   790.7   Bacteremia

Relational Table 3003   038   Septicemia

<u>References:</u>   ICD-9-CM Codebook, Tabular Section, Excludes Notes under code 790.7 and category 038.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 89; 1994, pages 89-90.

Coding Clinic for ICD-9-CM, 3rd Quarter 1988, page 12; 4th Quarter 1993, pages 29-30.

V0172   **POSITIVE TB TEST versus TUBERCULOSIS**

Guideline: Categories 790-796 are specified by ICD-9-CM for the reporting of nonspecific abnormal findings of diagnostic tests when no related diagnosis is established. Codes from the 790-796 series are never assigned on the basis of an abnormal laboratory finding alone, nor are they assigned when the associated diagnosis has been recorded.

Care should be taken to differentiate between a diagnosis of tuberculosis (010) and a positive tuberculin skin test (795.5) without a diagnosis of active tuberculosis.

V0172   Exclusive Check (if match, error) - X013

Diagnosis Table 3005   795.5   Nonspecific reaction to tuberculin skin test without active tuberculosis

Relational Table 3003   010.xx   Primary tuberculous infection
                               017.0x   Tuberculosis of skin and subcutaneous cellular tissue
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References: ICD-9-CM Codebook, Tabular Section, Excludes Notes under code 790.7 and category 010, and the Title of code 790.7.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 89; 1994, page 89.

Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1993, page 23.

V0173   **CHRONIC HEPATITIS versus VIRAL HEPATITIS**

Guideline: Non-viral and unspecified hepatitis is classified in category 571, Chronic liver disease and cirrhosis, in the Digestive system chapter. All viral hepatitis is classified in category 070, Viral hepatitis, in the Infectious and Parasitic Disease chapter.

The viral hepatitis codes do not distinguish between the acute and chronic forms of the disease. Acute and chronic stages of viral hepatitis are classified to category 070. In the alphabetic index, there are two supplementary words (acute) and (chronic) next to the term "Hepatitis" which may be present or absent in the statement of a disease without affecting the code number.

V0173   Exclusive Check (if match, error) - X014

Diagnosis Table 3005   571.40   Chronic hepatitis, unspecified
                              571.41   Chronic persistent hepatitis
                              571.49   Other chronic hepatitis

Relational Table 3003   070.xx   Viral hepatitis

References: ICD-9-CM Codebook, Tabular Section, Index for the word "Hepatitis" and Introduction for the convention rules for the punctuation on parenthesis.

Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1993, page 28; 4th Quarter 1993, pages 24-25.

V0174   ATHEROSCLEROSIS OF EXTREMITY HIERARCHY

Guideline: Additional fifth digits have been created to identify additional manifestations of the disease for subcategory 440.2, Atherosclerosis of arteries of the extremities. These codes are listed in order of increasing priority. The structure of the combination codes is hierarchal. If the patient presents with ulceration and gangrene, only one combination code (440.24) is sufficient to identify both conditions.

Exception: This edit can be overridden if the codes are not related to the same extremity.

| V0174 | Exclusive Check (if match, error) - R011 |

| Diagnosis Table 3005 | 440.20 | Atherosclerosis of the extremities, unspecified |

Relational Table 3003	440.21	Atherosclerosis of the extremities with intermittent claudication
	440.22	Atherosclerosis of the extremities with rest pain
	440.23	Atherosclerosis of the extremities with ulceration
	440.24	Atherosclerosis of the extremities with gangrene

| V0174 | Exclusive Check (if match, error) - R012 |

| Diagnosis Table 3005 | 440.21 | Atherosclerosis of the extremities with intermittent claudication |

Relational Table 3003	440.22	Atherosclerosis of the extremities with rest pain
	440.23	Atherosclerosis of the extremities with ulceration
	440.24	Atherosclerosis of the extremities with gangrene

| V0174 | Exclusive Check (if match, error) - R013 |

| Diagnosis Table 3005 | 440.22 | Atherosclerosis of the extremities with rest pain |

| Relational Table 3003 | 440.23 | Atherosclerosis of the extremities with ulceration |
| | 440.24 | Atherosclerosis of the extremities with gangrene |

| V0174 | Exclusive Check (if match, error) - R014 |

| Diagnosis Table 3005 | 440.23 | Atherosclerosis of the extremities with ulceration |

| Relational Table 3003 | 440.24 | Atherosclerosis of the extremities with gangrene |

V0174   **ATHEROSCLEROSIS OF EXTREMITY HIERARCHY** - CONTINUED

References: ICD-9-CM Codebook, Tabular Section, Inclusion Notes under codes 440.2x.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12 and 36-37; 1991, pages 11-12 and 41; 1994, page 293.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8 - Combination Coding Rule.

Coding Clinic for ICD-9-CM, AHA, Mar/Apr 1987, pages 6-7; 4th Quarter 1992, page 25; 4th Quarter 1993, pages 27-28.

V0175   **ULCERATION and ATHEROSCLEROSIS - EXTREMITY**

Guideline: Additional fifth digits have been created to identify additional manifestations of the disease for subcategory 440.2, Atherosclerosis of arteries of the extremities. These codes are listed in order of increasing priority. The structure of the combination codes is hierarchal. Only one combination code is sufficient to identify both conditions. Therefore, the assignment of 707.1, Ulcer of lower limbs, with code 440.23 or 440.24 is incorrect.

Exception: This edit can be overridden if the codes are not related to the <u>same</u> extremity.

V0175   Exclusive Check (if match, error) - R015

Diagnosis Table 3005   707.1   Ulcer of lower limbs, except decubitus

Relational Table 3003   440.23   Atherosclerosis of the extremities with ulceration
                             440.24   Atherosclerosis of the extremities with gangrene
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References: ICD-9-CM Codebook, Tabular Section, Inclusion Notes under code 440.23.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12 and 36-37; 1991, pages 11-12 and 41; 1994, page 293.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8 - Combination Coding Rule.

Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1993, pages 27-28.

V0176   **GANGRENE and ATHEROSCLEROSIS - EXTREMITY**

Guideline: Additional fifth digits have been created to identify additional manifestations of the disease for subcategory 440.2, Atherosclerosis of arteries of the extremities. These codes are listed in order of increasing priority. The structure of the combination codes is hierarchal. Only one combination code is sufficient to identify both conditions. Therefore, the assignment of 785.4, Gangrene, with code 440.24 is incorrect.

Exception: This edit can be overridden if the codes are not related to the <u>same</u> extremity.

V0176   Exclusive Check (if match, error) - R016

Diagnosis Table 3005   785.4   Gangrene

Relational Table 3003   440.24   Atherosclerosis of the extremities with gangrene
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References: ICD-9-CM Codebook, Tabular Section, Inclusion Notes under code 440.24.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12 and 36-37; 1991, pages 11-12 and 41; 1994, page 293.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8 - Combination Coding Rule.

Coding Clinic for ICD-9-CM, AHA, Mar/Apr 1986, page 12; 3rd Quarter 1990, page 15; 4th Quarter 1993, pages 27-28; 3rd Quarter 1994, page 5.

V0177   **UNSPECIFIED versus SPECIFIED DIABETES MELLITUS COMPLICATION**

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category.

Code 250.9x, diabetes with unspecified complication, is never to be assigned with any other code from 250.1x-250.8x. It is illogical for diabetes to have both an unspecified complication and a specified complication appearing together on the same record.

V0177   Exclusive Check (if match, error) - X017

Diagnosis Table 3005   250.9x   Diabetes with unspecified complication

Relational Table 3003   250.1x   Diabetes with ketoacidosis
                            250.2x   Diabetes with hyperosmolarity
                            250.3x   Diabetes with other coma
                            250.4x   Diabetes with renal manifestations
                            250.5x   Diabetes with ophthalmic manifestations
                            250.6x   Diabetes with neurological manifestations
                            250.7x   Diabetes with peripheral circulatory disorders
                            250.8x   Diabetes with other specified manifestations

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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, page 47.

Coding Clinic for ICD-9-CM, Mar-Apr 1985, pages 6-9; Nov-Dec 1985, page 11; 2nd Quarter 1990, page 22; 3rd Quarter 1991, pages 3-12; 2nd Quarter 1992, page 15; 4th Quarter 1990, pages 19, 38; Volume 10, Number 5, 1993, page 11, 15 (PRO); Volume 10, Number 5, 1993, page 13 last line in first answer (PRO).

V0178　　　　**WITH versus WITHOUT INTRACTABLE EPILEPSY**

Guideline:　　　It is illogical for epilepsy with and without intractability to appear on the same record.

V0178　　　　Exclusive Check (if match, error) - X019

Diagnosis Table 3005	345.00	Generalized nonconvulsive epilepsy with <u>no intractable epilepsy</u>
	345.10	Generalized convulsive epilepsy <u>with no intractable epilepsy</u>
	345.40	Partial epilepsy, with impairment of consciousness <u>with no intractable epilepsy</u>
	345.50	Partial epilepsy, without impairment of consciousness, <u>with no intractable epilepsy</u>
	345.60	Infantile spasms, <u>with no intractable epilepsy</u>
	345.70	Epilepsia partialis continua <u>with no intractable epilepsy</u>
	345.80	Other forms of epilepsy <u>with no intractable epilepsy</u>
	345.90	Epilepsy, unspecified, <u>with no intractable epilepsy</u>
Relational Table 3003	345.01	Generalized nonconvulsive epilepsy <u>with intractable epilepsy</u>
	345.11	Generalized convulsive epilepsy <u>with intractable epilepsy</u>
	345.41	Partial epilepsy, with impairment of consciousness <u>with intractable epilepsy</u>
	345.51	Partial epilepsy, without impairment of consciousness, <u>with intractable epilepsy</u>
	345.61	Infantile spasms, <u>with intractable epilepsy</u>
	345.71	Epilepsia partialis continua <u>with intractable epilepsy</u>
	345.81	Other forms of epilepsy <u>with intractable epilepsy</u>
	345.91	Epilepsy, unspecified, <u>with intractable epilepsy</u>

References:　　　ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 141; 1994, pages 137.

Coding Clinic for ICD-9-CM, 2nd Quarter 1992, page 8; 4th Quarter 1992, pages 23-24; 1st Quarter 1993, page 24.

V0179   **UNSPECIFIED versus SPECIFIED EPILEPSY**

Guideline: A code for an unspecified condition is never assigned with a code for a specified condition from the same category. It is illogical for epilepsy to be both specified and unspecified on the same record.

V0179   Exclusive Check (if match, error) - X021

Diagnosis Table 3005   345.9x   Epilepsy, unspecified

Relational Table 3003   345.0x   Generalized nonconvulsive epilepsy
                               345.1x   Generalized convulsive epilepsy
                               345.4x   Partial epilepsy, with impairment of consciousness
                               345.5x   Partial epilepsy, without impairment of consciousness
                               345.6x   Infantile spasms
                               345.7x   Epilepsia partialis continua
                               345.8x   Other forms of epilepsy

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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence), 141; 1994, pages 42, 137.

Coding Clinic for ICD-9-CM, Jan-Feb 1986, page 6; Nov-Dec 1987, page 12; 4th Quarter 1992, pages 23-24; 1st Quarter 1993, page 24; *Volume 10, Number 5, 1993, page 13 last line in first answer (PRO); 1st Quarter 1997, page 8 (2nd paragraph in 1st answer); Official Guidelines 1.3.*

V0180   **PATHOLOGICAL versus TRAUMATIC FRACTURE**

<u>Guideline</u>:   Codes from 800-829 for traumatic fractures should never be used with a code from category 733.1, pathological fracture of the same bone. Check the record for any history of recent significant trauma or for any indication of the presence of concurrent bone disease that might point to pathological fracture.

If the physician determines that the fracture is due to trauma, then only a code from 800-829, Fractures (traumatic), would be assigned.

If the physician determines that the fracture is pathological, then a code from 733.lx, Pathological fracture, would be assigned.

Exception: This edit can be overridden if the pathological and traumatic codes are not related to the same site.

E codes may be used to identify the nature of trauma if the pathological fracture follows minor trauma.

V0180   Exclusive Check (if match, error) - X022

Diagnosis Table 3005   733.11   Pathological fracture, humerus

Relational Table 3003   812.xx   Fracture of humerus

V0180   Exclusive Check (if match, error) - X026

Diagnosis Table 3005   733.12   Pathological fracture, distal radius and ulna

Relational Table 3003	813.42	Other fractures, distal end of radius
	813.44	Fracture, radius with ulna, lower end
	813.52	Other fractures, distal end of radius, open
	813.54	Fracture, radius with ulna, lower end, open
	814.00	Fracture, carpal bone, unspecified (wrist)
	814.10	Fracture, carpal bone, unspecified (wrist), open

V0180   Exclusive Check (if match, error) - X027

Diagnosis Table 3005   733.13   Pathological fracture, vertebrae

| Relational Table 3003 | 805.xx | Fracture, vertebral column, without mention of spinal cord injury |
| | 806.xx | Fracture, vertebral column, with mention of spinal cord injury |

V0180   **PATHOLOGICAL versus TRAUMATIC FRACTURE** - CONTINUED
         (see guideline on page 172)

V0180   Exclusive Check (if match, error) - X028

Diagnosis Table 3005   733.14   Pathological fracture, neck of femur

Relational Table 3003   820.xx   Fracture, neck of femur

V0180   Exclusive Check (if match, error) - X029

Diagnosis Table 3005   733.15   Pathological fracture, other specified part of femur

Relational Table 3003   821.xx   Fracture, other and unspecified parts of femur

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V0180   Exclusive Check (if match, error) - X030

Diagnosis Table 3005   733.16   Pathological fracture, tibia or fibula

Relational Table 3003   823.xx   Fracture, tibia and fibula
                                           Fracture, ankle (lower ends of tibia and fibula)

References: ICD-9-CM Code Book, Tabular Section, Excludes Notes under code 733.1.

         ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 195-196, 312;
         1994, pages 208, 332.

         Coding Clinic for ICD-9-CM, 4th Quarter 1993, pages 25-26; Third Quarter, 1999, page 5.

V0181   INCONSISTENT BIRTH WEIGHTS

Guideline: It is illogical to have different birth weights on the same record. The fifth digit for the prematurity is based on the birth weight, not on the current weight of the infant.

V0181   Exclusive Check (if match, error) - X031

Diagnosis Table 3005	764.x0	unspecified weight
	765.x0	unspecified weight
Relational Table 3003	764.x1	less than 500 grams
	765.x1	less than 500 grams
	764.x2	500-749 grams
	765.x2	500-749 grams
	764.x3	750-999 grams
	765.x3	750-999 grams
	764.x4	1,000-1,249 grams
	765.x4	1,000-1,249 grams
	764.x5	1,250-1,499 grams
	765.x5	1,250-1,499 grams
	764.x6	1,500-1,749 grams
	765.x6	1,500-1,749 grams
	764.x7	1,750-1,999 grams
	765.x7	1,750-1,999 grams
	764.x8	2,000-2,499 grams
	765.x8	2,000-2,499 grams
	764.x9	2,500 grams and over
	765.x9	2,500 grams and over

V0181   **INCONSISTENT BIRTH WEIGHTS** - CONTINUED

V0181   Exclusive Check (if match, error) - X032

Diagnosis Table 3005	764.x1	less than 500 grams
	765.x1	less than 500 grams
Relational Table 3003	764.x2	500-749 grams
	765.x2	500-749 grams
	764.x3	750-999 grams
	765.x3	750-999 grams
	764.x4	1,000-1,249 grams
	765.x4	1,000-1,249 grams
	764.x5	1,250-1,499 grams
	765.x5	1,250-1,499 grams
	764.x6	1,500-1,749 grams
	765.x6	1,500-1,749 grams
	764.x7	1,750-1,999 grams
	765.x7	1,750-1,999 grams
	764.x8	2,000-2,499 grams
	765.x8	2,000-2,499 grams
	764.x9	2,500 grams and over
	765.x9	2,500 grams and over

V0181   Exclusive Check (if match, error) - X033

Diagnosis Table 3005	764.x2	500-749 grams
	765.x2	500-749 grams
Relational Table 3003	764.x3	750-999 grams
	765.x3	750-999 grams
	764.x4	1,000-1,249 grams
	765.x4	1,000-1,249 grams
	764.x5	1,250-1,499 grams
	765.x5	1,250-1,499 grams
	764.x6	1,500-1,749 grams
	765.x6	1,500-1,749 grams
	764.x7	1,750-1,999 grams
	765.x7	1,750-1,999 grams
	764.x8	2,000-2,499 grams
	765.x8	2,000-2,499 grams
	764.x9	2,500 grams and over
	765.x9	2,500 grams and over

V0181   **INCONSISTENT BIRTH WEIGHTS** - CONTINUED
             (see guideline on page 174)

V0181   Exclusive Check (if match, error) - X034

Diagnosis Table 3005   764.x3   750-999 grams
                             765.x3   750-999 grams

Relational Table 3003   764.x5   1,250-1,499 grams
                             765.x5   1,250-1,499 grams
                             764.x6   1,500-1,749 grams
                             765.x6   1,500-1,749 grams
                             764.x4   1,000-1,249 grams
                             765.x4   1,000-1,249 grams
                             764.x5   1,250-1,499 grams
                             765.x5   1,250-1,499 grams
                             764.x6   1,500-1,749 grams
                             765.x6   1,500-1,749 grams
                             764.x7   1,750-1,999 grams
                             765.x7   1,750-1,999 grams
                             764.x8   2,000-2,499 grams
                             765.x8   2,000-2,499 grams
                             764.x9   2,500 grams and over
                             765.x9   2,500 grams and over
                             764.x5   1,250-1,499 grams
                             765.x5   1,250-1,499 grams
                             764.x6   1,500-1,749 grams
                             765.x6   1,500-1,749 grams

V0181   Exclusive Check (if match, error) - X035 - Continued

Diagnosis Table 3005   764.x4   1,000-1,249 grams
                             765.x4   1,000-1,249 grams

Relational Table 3003   764.x5   1,250-1,499 grams
                             765.x5   1,250-1,499 grams
                             764.x6   1,500-1,749 grams
                             765.x6   1,500-1,749 grams
                             764.x7   1,750-1,999 grams
                             765.x7   1,750-1,999 grams
                             764.x8   2,000-2,499 grams
                             765.x8   2,000-2,499 grams
                             764.x9   2,500 grams and over
                             765.x9   2,500 grams and over

V0181   **INCONSISTENT BIRTH WEIGHTS** - CONTINUED (see guideline on page 174)

V0181   Exclusive Check (if match, error) - X036

Diagnosis Table 3005	764.x5	1,250-1,499 grams
	765.x5	1,250-1,499 grams
Relational Table 3003	764.x6	1,500-1,749 grams
	765.x6	1,500-1,749 grams
	764.x7	1,750-1,999 grams
	765.x7	1,750-1,999 grams
	764.x8	2,000-2,499 grams
	765.x8	2,000-2,499 grams
	764.x9	2,500 grams and over
	765.x9	2,500 grams and over

V0181   Exclusive Check (if match, error) - X037

Diagnosis Table 3005	764.x6	1,500-1,749 grams
	765.x6	1,500-1,749 grams
Relational Table 3003	764.x7	1,750-1,999 grams
	765.x7	1,750-1,999 grams
	764.x8	2,000-2,499 grams
	765.x8	2,000-2,499 grams
	764.x9	2,500 grams and over
	765.x9	2,500 grams and over

V0181   Exclusive Check (if match, error) - X038

Diagnosis Table 3005	764.x7	1,750-1,999 grams
	764.x7	1,750-1,999 grams
Relational Table 3003	764.x8	2,000-2,499 grams
	765.x8	2,000-2,499 grams
	764.x9	2,500 grams and over
	765.x9	2,500 grams and over

V0181   Exclusive Check (if match, error) - X039

Diagnosis Table 3005	764.x8	2,000-2,499 grams
	764.x8	2,000-2,499 grams
Relational Table 3003	764.x9	2,500 grams and over
	765.x9	2,500 grams and over

V0181   **INCONSISTENT BIRTH WEIGHTS** - CONTINUED

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 241; 1994, pages 256-257.

Coding Clinic for ICD-9-CM, 2nd Quarter 1989, page 15; 2nd Quarter 1991, page 19; 1st Quarter 1994, pages 12-13, 15; 1st Quarter 1997, page 6.

V0182   **UNSPECIFIED versus SPECIFIED JAUNDICE**

Guideline: The "Inclusion" notes under codes 773.0-773.2 include jaundice due to hemolytic disease that can affect the fetus OR the newborn. Codes 774.2 and 774.6 would not be needed to identify jaundice. Therefore, it is incorrect to use a non-specified code with a specified code for the same condition.

V0182   Exclusive Check (if match, error) - Y004

Diagnosis Table 3005   773.0   Hemolytic disease due to Rh isoimmunization
                              733.1   Hemolytic disease due to ABO isoimmunization
                              773.2   Hemolytic disease due to other and unspecified isoimmunization

Relational Table 3003   774.2   Neonatal jaundice associated with preterm delivery
                              774.6   Unspecified fetal and neonatal jaundice
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References: ICD-9-CM Code Book, Tabular Section, Includes Notes under code 733.2.

                  ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, pages 42, 258-259.

                  Coding Clinic for ICD-9-CM, 2nd Quarter 1989, page 15; 3rd Quarter 1992, pages 8-9; 1st Quarter 1994, pages 13-14.

V0183   **OPEN AND CLOSED FRACTURE OF SAME SITE**

Guideline: It is illogical to have a closed and open fracture of the same bone. An open fracture indicates that the skin has been punctured by the bone; a closed fracture has not penetrated the skin. The list of terms used for open and closed fractures is found in the note at the beginning of the fracture section in the tabular list.

If a diagnostic statement contains terms that relate to both open and closed fractures, the fracture should be classified as open. The code for the open fracture always takes precedence.

V0183   Exclusive Check (if match, error) - X040

Diagnosis Table 3005   806.01   C1-C4 cervical fracture, with complete lesion of cord, CLOSED

Relational Table 3003   806.11   C1-C4 cervical fracture, with complete lesion of cord, OPEN

V0183   Exclusive Check (if match, error) - X041

Diagnosis Table 3005   806.02   C1-C4 cervical fracture, with anterior cord syndrome, CLOSED

Relational Table 3003   806.12   C1-C4 cervical fracture, with anterior cord syndrome, OPEN

V0183   Exclusive Check (if match, error) - X042

Diagnosis Table 3005   806.03   C1-C4 cervical fracture with central cord syndrome, CLOSED

Relational Table 3003   806.13   C1-C4 cervical fracture with central cord syndrome, OPEN

V0183   Exclusive Check (if match, error) - X043

Diagnosis Table 3005   806.04   C1-C4 cervical fracture with specified spinal cord injury, CLOSED

Relational Table 3003   806.14   C1-C4 cervical fracture with specified spinal cord injury, OPEN

V0183   **OPEN and CLOSED FRACTURE OF SAME SITE** - CONTINUED
                  (see guideline on page 180)

V0183   Exclusive Check (if match, error) - X044

Diagnosis Table 3005   806.05   C5-C7 cervical fracture, CLOSED

Relational Table 3003   806.15   C5-C7 cervical fracture, OPEN

V0183   Exclusive Check (if match, error) - X045

Diagnosis Table 3005   806.06   C5-C7 cervical fracture with complete lesion of cord, CLOSED

Relational Table 3003   806.16   C5-C7 cervical fracture with complete lesion of cord, OPEN

V0183   Exclusive Check (if match, error) - X046

Diagnosis Table 3005   806.07   C5-C7 cervical fracture with anterior cord syndrome, CLOSED

Relational Table 3003   806.17   C5-C7 cervical fracture with anterior cord syndrome, OPEN

V0183   Exclusive Check (if match, error) - X047

Diagnosis Table 3005   806.08   C5-C7 cervical fracture with central cord syndrome, CLOSED

Relational Table 3003   806.18   C5-C7 cervical fracture with central cord syndrome, OPEN

V0183   Exclusive Check (if match, error) - X048

Diagnosis Table 3005   806.09   C5-C7 cervical fracture with specified spinal cord injury, CLOSED

Relational Table 3003   806.19   C5-C7 cervical fracture with specified spinal cord injury, OPEN

V0183   **OPEN and CLOSED FRACTURE OF SAME SITE** - CONTINUED
        (see guideline on page 180)

V0183   Exclusive Check (if match, error) - X049

Diagnosis Table 3005   806.21   T1-T6 thoracic fracture with complete lesion of cord, CLOSED

Relational Table 3003   806.31   T1-T6 thoracic fracture with complete lesion of cord, OPEN

V0183   Exclusive Check (if match, error) - X050

Diagnosis Table 3005   806.22   T1-T6 thoracic fracture with anterior cord syndrome, CLOSED

Relational Table 3003   806.32   T1-T6 thoracic fracture with anterior cord syndrome, OPEN

V0183   Exclusive Check (if match, error) - X051

Diagnosis Table 3005   806.23   T1-T6 thoracic fracture with central cord syndrome, CLOSED

Relational Table 3003   06.33   T1-T6 thoracic fracture with central cord syndrome, OPEN

V0183   Exclusive Check (if match, error) - X052

Diagnosis Table 3005   806.24   T1-T6 thoracic fracture with specified cord injury, CLOSED

Relational Table 3003   806.34   T1-T6 thoracic fracture with specified cord injury, OPEN

V0183   Exclusive Check (if match, error) - X053

Diagnosis Table 3005   806.25   T7-T12 thoracic fracture, CLOSED

Relational Table 3003   806.35   T7-T12 thoracic fracture, OPEN

V0183   **OPEN and CLOSED FRACTURE OF SAME SITE** - CONTINUED
            (see guideline on page 180)

V0183   Exclusive Check (if match, error) - X054

Diagnosis Table 3005	806.26	T7-T12 thoracic fracture with complete lesion of cord, CLOSED
Relational Table 3003	806.36	T7-T12 thoracic fracture with complete lesion of cord, OPEN

V0183   Exclusive Check (if match, error) - X055

Diagnosis Table 3005	806.27	T7-T12 thoracic fracture with anterior cord syndrome, CLOSED
Relational Table 3003	806.37	T7-T12 thoracic fracture with anterior cord syndrome, OPEN

V0183   Exclusive Check (if match, error) - X056

Diagnosis Table 3005	806.28	T7-T12 thoracic fracture with central cord syndrome, CLOSED
Relational Table 3003	806.38	T7-T12 thoracic fracture with central cord syndrome, OPEN

V0183   Exclusive Check (if match, error) - X057

Diagnosis Table 3005	806.29	T7-T12 thoracic fracture with specified spinal cord injury, CLOSED
Relational Table 3003	806.39	T7-T12 thoracic fracture with specified spinal cord injury, OPEN

V0183   Exclusive Check (if match, error) - X058

Diagnosis Table 3005	806.61	Sacrum and coccyx fracture, with complete cauda equina lesion, CLOSED
Relational Table 3003	806.71	Sacrum and coccyx fracture, with complete cauda equina lesion, OPEN

V0183   **OPEN and CLOSED FRACTURE OF SAME SITE** - CONTINUED
(see guideline on page 180)

V0183   Exclusive Check (if match, error) - X059

Diagnosis Table 3005   806.62   Sacrum and coccyx fracture, with other cauda equina injury, CLOSED

Relational Table 3003   806.72   Sacrum and coccyx fracture, with other cauda equina injury, OPEN

V0183   Exclusive Check (if match, error) - X060

Diagnosis Table 3005   806.69   Sacrum and coccyx fracture, with other spinal cord injury, CLOSED

Relational Table 3003   806.79   Sacrum and coccyx fracture, with other spinal cord injury, OPEN

V0183   Exclusive Check (if match, error) - X061

Diagnosis Table 3005   806.4   Lumbar fracture, CLOSED

Relational Table 3003   806.5   Lumbar fracture, OPEN

V0183   Exclusive Check (if match, error) - X062

Diagnosis Table 3005   806.8   Unspecified vertebral fracture, CLOSED

Relational Table 3003   806.9   Unspecified vertebral fracture, OPEN

V0183   Exclusive Check (if match, error) - X063

Diagnosis Table 3005   807.2   Sternum fracture, CLOSED

Relational Table 3003   807.3   Sternum fracture, OPEN

References: ICD-9-CM Code Book, Tabular Section, Coding Notes under the title "Fractures (800-829).

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 312; 1994, pages 331.

Coding Clinic for ICD-9-CM, Sept-Oct 1986, pages 5-9.

V0184   **UNSPECIFIED versus SPECIFIED SPINAL CORD INJURY**

Guideline: A code for an unspecified condition is never assigned with a code for a specified condition from the same category. When a spinal cord injury is mentioned, it takes precedence. It is illogical for the fracture to have both a specified and unspecified spinal cord injury for the same vertebra on the same record.

| V0184 | Exclusive Check (if match, error) - X064 |

| Diagnosis Table 3005 | 806.00 | Closed cervical C1-C4 fracture, unspecified |

| Relational Table 3003 | 806.0x | Closed cervical C1-C4 fracture, with specified injury (*fifth digits 1-4*) |

| V0184 | Exclusive Check (if match, error) - X070 |

| Diagnosis Table 3005 | 806.05 | Closed cervical C5-C7 fracture, unspecified |

| Relational Table 3003 | 806.0x | Closed cervical C5-C7 fracture, with specified injury (*fifth digits 6-9*) |

| V0184 | Exclusive Check (if match, error) - X065 |

| Diagnosis Table 3005 | 806.10 | Open cervical C1-C4 fracture, unspecified |

| Relational Table 3003 | 806.1x | Open cervical C1-C4 fracture, with specified injury (*fifth digits 1-4*) |

| V0184 | Exclusive Check (if match, error) - X071 |

| Diagnosis Table 3005 | 806.15 | Open cervical C5-C7 fracture, unspecified |

| Relational Table 3003 | 806.1x | Open cervical C5-C7 fracture, with specified injury (*fifth digits 6-9*) |

| V0184 | Exclusive Check (if match, error) - X066 |

| Diagnosis Table 3005 | 806.20 | Closed thoracic T1-T6 fracture, unspecified |

| Relational Table 3003 | 806.2x | Closed thoracic T1-T6 fracture, with specified injury (*fifth digits 1-4*) |

V0184   **UNSPECIFIED versus SPECIFIED SPINAL CORD INJURY** - CONTINUED
                (see guideline on page 185)

V0184   Exclusive Check (if match, error) - X072

Diagnosis Table 3005   806.25   Closed thoracic T7-T12 fracture, unspecified

Relational Table 3003   806.2x   Closed thoracic T7-T12 fracture, with specified injury
                                               (*fifth digits 6-9*)

V0184   Exclusive Check (if match, error) - X067

Diagnosis Table 3005   806.30   Open thoracic T1-T6 fracture, unspecified

Relational Table 3003   806.3x   Closed thoracic T1-T6 fracture, with specified injury
                                               (*fifth digits 1-4*)

V0184   Exclusive Check (if match, error) - X073

Diagnosis Table 3005   806.35   Open thoracic T1-T6 fracture, unspecified

Relational Table 3003   806.3x   Closed thoracic T7-T12 fracture, with specified injury
                                               (*fifth digits 6-9*)

V0184   Exclusive Check (if match, error) - X068

Diagnosis Table 3005   806.60   Closed sacral and coccyx fracture, unspecified

Relational Table 3003   806.6x   Closed sacral and coccyx fracture, with specified injury
----

V0184   Exclusive Check (if match, error) - X069

Diagnosis Table 3005   806.70   Open sacral and coccyx fracture, unspecified

Relational Table 3003   806.7x   Open sacral and coccyx fracture, with specified injury
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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence), 313; 1994, pages 42, 332.

                Coding Clinic for ICD-9-CM, Volume 10, Number 5, 1993, page 13, last line in first answer (PRO).

V0185   ATTENTION versus STATUS ... RELATED TO STOMA

Guideline: When there is an attention to the stoma, code V55 indicates the need for care such as closure, passage of sounds or bougies, reforming, removal or replacement of catheter, and toilet or cleansing.   Code V44 indicates status only, without need for care. It is illogical for a stoma of the same site to have both absence and presence of stomal care during the current episode of care.

V0185   Exclusive check (if match, error) - W012

Diagnosis Table 3005	V55.0	Attention to tracheostomy
Relational Table 3003	V44.0	Tracheostomy status

V0185   Exclusive check (if match, error) - W016

Diagnosis Table 3005	V55.1	Attention to gastrostomy
Relational Table 3003	V44.1	Gastrostomy status

V0185   Exclusive check (if match, error) - W017

Diagnosis Table 3005	V55.2	Attention to ileostomy
Relational Table 3003	V44.2	Ileostomy status

V0185   Exclusive check (if match, error) - W018

Diagnosis Table 3005	V55.3	Attention to colostomy
Relational Table 3003	V44.3	Colostomy status

V0185   Exclusive check (if match, error) - W019

Diagnosis Table 3005	V55.5	Attention to cystostomy
Relational Table 3003	V44.5x	Cystostomy status

V0185   Exclusive check (if match, error) - W020

Diagnosis Table 3005	V55.7	Attention to artificial vagina
Relational Table 3003	V44.7	Artificial vagina status

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V44 and V55.

V0186   **ATHEROSCLEROSIS with GAS GANGRENE ?**

Guideline: Code 440.24, Atherosclerosis of the extremities with gangrene, can only be used with ischemic gangrene. Read the inclusion note under code 440.24. Therefore, code 004.0, gas gangrene, cannot be used correctly with code 440.24 but it can be used correctly with code 440.29, Other atherosclerosis of native arteries of extremities.

V0186   Exclusive check (if match, error) - X082

Diagnosis Table 3005   040.0   Gas gangrene

Relational Table 3003   440.24   Atherosclerosis of the native arteries of the extremities with gangrene

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References: ICD-9-CM Codebook, Tabular Section, Includes note under code 440.24.

               Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1995, page 11.

V0187   **ANGINA versus CORONARY OCCLUSION**

Guideline: Code 411.1, Intermediate coronary syndrome, includes conditions described as unstable angina, crescendo angina, preinfarction angina, and impending myocardial infarction. Code 411.1 is assigned when the patient is admitted and treated for unstable angina WITHOUT documentation of infarction, occlusion, or thrombosis. Therefore, code 411.1 is not assigned with code 411.81 that describes a coronary occlusion without myocardial infarction.

V0187   Exclusive check (if match, error) - Y005

Diagnosis Table 3005   411.1   Intermediate coronary syndrome

Relational Table 3003   411.81   Coronary occlusion without myocardial infarction

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References: Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1991, page 14; 3rd Quarter 1991, page 24.

V0188   **ANGINA and/or CORONARY OCCLUSION versus MYOCARDIAL INFARCTION**

Guideline: Code 411, Other acute and subacute forms of ischemic heart disease, is assigned when the patient's condition does not progress to acute myocardial infarction. Therefore, a code from 411 *(except 411.0, postmyocardial infarction)* is not assigned with a code 410.xx, Acute myocardial infarction, when the infarction has occurred.

V0188   Exclusive check (if match, error) - Y006

Diagnosis Table 3005   411.1   Intermediate coronary syndrome
                              411.81   Coronary occlusion without myocardial infarction
                              411.89   Other acute and subacute forms of ischemic heart disease

Relational Table 3003   410.x0   Acute myocardial infarction, unspecified episode of care
                              410.x1   Acute myocardial infarction, initial episode of care

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References: Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1991, page 14; 3rd Quarter 1991, page 24; 4th Quarter 1994, page 55.

                 Journal of AHIMA, July-August 1996, Vol 67, No. 7, pages 16-26.

V0189 **RHEUMATIC HEART DISEASE and HEART FAILURE**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as congestive heart failure and rheumatic heart disease or when the Alphabetic Index so directs.

Code 398.91, Rheumatic heart failure (congestive) is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0189 Exclusive check (if match, error) - R018

Diagnosis Table 3005	398.90	Rheumatic heart disease, unspecified
	398.99	Other rheumatic heart disease
Relational Table 3003	428.0	Congestive heart failure
	428.1	Left heart failure
	428.9	Heart failure, unspecified

References: ICD-9-CM Codebook, Tabular Section, Excludes note under 428.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown,RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44.

V0190   **RHEUMATIC HEART FAILURE with CONGESTIVE HEART FAILURE**

<u>Guideline</u>:   During the current episode of care, it is illogical for the heart failure to be both rheumatic and nonrheumatic. Read the "Excludes" notes under category 428.

V0190   Exclusive check (if match, error) - R020

Diagnosis Table 3005   398.91   Rheumatic heart failure (congestive)

Relational Table 3003   428.0   Congestive heart failure

<u>References</u>:   ICD-9-CM Codebook, Tabular Section, Tabular Section, Excludes notes under Category 428.

              Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1995, page 6.

V0191   PRECEREBRAL.... WITH versus WITHOUT INFARCTION

Guideline: The rule for governing the ICD-9-CM requires that fifth digits modify the fourth digit to which they are applied. They must follow a logical hierarchical structure. The fifth digit "0" means without mention of cerebral infarction and fifth digit "1" means with cerebral infarction. These fifth digits indicate the presence or absence of an infarct during the current episode of care. During the current episode of care, it is illogical for the precerebral artery to have both fifth digits (with and without infarction).

V0191   Exclusive check (if match, error) - X086

Diagnosis Table 3005   433.00   Basilar artery without mention of cerebral infarction

Relational Table 3003   433.01   Basilar artery with cerebral infarction
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V0191   Exclusive check (if match, error) - X083

Diagnosis Table 3005   433.10   Carotid artery without mention of cerebral infarction

Relational Table 3003   433.11   Carotid artery with cerebral infarction
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V0191   Exclusive check (if match, error) - X084

Diagnosis Table 3005   433.20   Vertebral artery without mention of cerebral infarction

Relational Table 3003   433.21   Vertebral artery with cerebral infarction
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V0191   Exclusive check (if match, error) - X085

Diagnosis Table 3005   433.30   Multiple and bilateral arteries without mention of cerebral infarction

Relational Table 3003   433.31   Multiple and bilateral arteries with cerebral infarction
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V0191   Exclusive check (if match, error) - X074

Diagnosis Table 3005   433.80   Other specified precerebral artery without mention of cerebral infarction

Relational Table 3003   433.81   Other specified precerebral artery with cerebral infarction
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V0191   **PRECEREBRAL.... WITH versus WITHOUT INFARCTION** - CONTINUED
(see guideline on page 193)

V0191   Exclusive check (if match, error) - X075

Diagnosis Table 3005   433.90   Unspecified precerebral artery without mention of cerebral infarction

Relational Table 3003   433.91   Unspecified precerebral artery with cerebral infarction

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References: Coding Clinic for ICD-9-CM, AHA, 2nd Quarter 1995, page 14.

V0192   CEREBRAL... WITH versus WITHOUT INFARCTION

Guideline: The rule for governing the ICD-9-CM requires that fifth digits modify the fourth digit to which they are applied.   They must follow a logical hierarchical structure. The fifth digit "0" means without mention of cerebral infarction and fifth digit "1" means with cerebral infarction. These fifth digits indicate the presence or absence of an infarct during the current episode of care. During the current episode of care, it is illogical for the cerebral artery to have both fifth digits (with and without infarction).

V0192   Exclusive check (if match, error) - X076

Diagnosis Table 3005   434.00   Cerebral thrombosis without mention of cerebral infarction

Relational Table 3003   434.01   Cerebral thrombosis with cerebral infarction

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V0192   Exclusive check (if match, error) - X077

Diagnosis Table 3005   434.10   Cerebral embolism without mention of cerebral infarction

Relational Table 3003   434.11   Cerebral embolism with cerebral infarction

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V0192   Exclusive check (if match, error) - X078

Diagnosis Table 3005   434.90   Cerebral artery occlusion without mention of cerebral infarction

Relational Table 3003   434.91   Cerebral artery occlusion with cerebral infarction

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References: Coding Clinic for ICD-9-CM, AHA, 2nd Quarter 1995, page 14.

V0193   BASILAR SYNDROME versus OCCLUSION

Guideline: During the current episode of care, it is illogical for the basilar artery to have both syndrome and occlusion. If the basilar artery syndrome is due to stenosis or occlusion of basilar artery, it should be classified to code 433.0x. Read the "Excludes" notes under category 435.

V0193   Exclusive check (if match, error) - X079

Diagnosis Table 3005   435.0   Basilar artery syndrome

Relational Table 3003   433.00   Basilar artery occlusion and/or stenosis without mention of cerebral infarction

                              433.01   Basilar artery occlusion and/or stenosis with cerebral infarction

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References: ICD-9-CM Codebook, Tabular Section, Excludes Notes under Category 435.

V0194   **VERTEBRAL SYNDROME versus OCCLUSION**

Guideline: During the current episode of care, it is illogical for the vertebral artery to have both syndrome and occlusion. If the vertebral artery syndrome is due to stenosis or occlusion of vertebral artery, it should be classified to code 433.0x. Read the "Excludes" notes under category 435.

V0194   Exclusive check (if match, error) - X080

Diagnosis Table 3005   435.1   Vertebral artery syndrome

Relational Table 3003   433.20   Vertebral artery occlusion and/or stenosis without mention of cerebral infarction
                               433.21   Vertebral artery occlusion and/or stenosis with cerebral infarction

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References: ICD-9-CM Codebook, Tabular Section, Excludes Notes under Category 435.

V0195   **VERTEBROBASILAR ARTERY SYNDROME: COMBINATION CODE = 435.3**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as basilar artery syndrome and vertebral artery syndrome or when the Alphabetic Index so directs.

Code 435.3, Vertebrobasilar artery syndrome, is a combination code that clearly identifies all the elements documented in the diagnostic statement. This is effective for discharges 10-1-95.

V0195   Exclusive check (if match, error) - X081

Diagnosis Table 3005   435.0   Basilar artery syndrome

Relational Table 3003   435.1   Vertebral artery syndrome

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown,RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44.

V0196   PROLONGED PT/PTT versus COAGULATION DISORDER

Guideline: Code 790.92, Abnormal coagulation profile, identifies abnormal laboratory findings of prolonged bleeding time WITHOUT the presence of hemorrhage or a coagulation disorder. Therefore, it is illogical for code 790.92, abnormal coagulation profile, to be assigned with the presence of hemorrhage or a coagulation disorders from category 286, Coagulation defects.

V0196   Exclusive check (if match, error) - Y007

Diagnosis Table 3005   790.92   Abnormal coagulation profile

Relational Table 3003   286.x   Coagulation defects

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1993, page 29.

V0197   **PERICARDITIS, RHEUMATIC or NOT ?**

Guideline: During the current episode of care, it is illogical for pericarditis to be both rheumatic and nonrheumatic. Read the "Excludes" notes under categories 393 and 423.

V0197   Exclusive check (if match, error) - X087

Diagnosis Table 3005   393.   Chronic rheumatic pericarditis

Relational Table 3003   423.0   Hemopericardium
                               423.1   Adhesive pericarditis
                               423.2   Constrictive pericarditis
                               423.8   Other specified diseases of pericardium
                               423.9   Unspecified disease of pericardium

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References: ICD-9-CM Codebook, Tabular Section, Tabular Section, Excludes notes under code 393 and Category 423.

               Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1995, page 6.

V0198   MITRAL VALVE, RHEUMATIC or NOT ?

Guideline: During the current episode of care, it is illogical for mitral valve to be both rheumatic and nonrheumatic. Read the "Excludes" notes under category 394 and code 424.0 that direct the coder to category 396.

Category 396, Diseases of mitral and aortic valves, has an "Includes" note that states "involvement of both mitral and aortic valves, whether specified as rheumatic or not."

V0198   Exclusive check (if match, error) - X088

Diagnosis Table 3005	394.0	Mitral stenosis
	394.1	Rheumatic mitral insufficiency
	394.2	Mitral stenosis with insufficiency
Relational Table 3003	424.0	Mitral valve disorders

V0198   Exclusive check (if match, error) - X093

Diagnosis Table 3005	396.0	Mitral valve stenosis and aortic valve stenosis
	396.1	Mitral valve stenosis and aortic valve insufficiency
	396.2	Mitral valve insufficiency and aortic valve stenosis
	396.3	Mitral valve insufficiency and aortic valve insufficiency
	396.8	Multiple involvement of mitral and aortic valves
	396.9	Mitral and aortic valve diseases, unspecified
Relational Table 3003	424.0	Mitral valve disorders

References: ICD-9-CM Codebook, Tabular Section, notes under Category 394, 396, and code 424.0.

Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1987, page 8.

V0199   **AORTIC VALVE, RHEUMATIC or NOT ?**

Guideline: During the current episode of care, it is illogical for aortic valve to be both rheumatic and nonrheumatic. Read the "Excludes" notes under category 395 and code 424.1 that direct the coder to category 396.

Category 396, Diseases of mitral and aortic valves, has an "Includes" note that states "involvement of both mitral and aortic valves, whether specified as rheumatic or not."

V0199   Exclusive check (if match, error) - X089

Diagnosis Table 3005   395.0   Rheumatic aortic stenosis
                              395.1   Rheumatic aortic insuffic iency
                              395.2   Rheumatic aortic stenosis with insufficiency
                              395.9   Other and unspecified rheumatic aortic diseases

Relational Table 3003   424.1   Aortic valve disorders

V0199   Exclusive check (if match, error) - X094

Diagnosis Table 3005   396.0   Mitral valve stenosis and aortic valve stenosis
                              396.1   Mitral valve stenosis and aortic valve insufficiency
                              396.2   Mitral valve insufficiency and aortic valve stenosis
                              396.3   Mitral valve insufficiency and aortic valve insufficiency
                              396.8   Multiple involvement of mitral and aortic valves
                              396.9   Mitral and aortic valve diseases, unspecified

Relational Table 3003   424.1   Aortic valve disorders

References: ICD-9-CM Codebook, Tabular Section, notes under Category 394, 396, and code 424.0.

Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1987, page 8.

V0200   **TRICUSPID VALVE, RHEUMATIC or NOT ?**

Guideline: During the current episode of care, it is illogical for tricuspid valve to be both rheumatic and nonrheumatic. Read the "Excludes" notes under code 424.2.

Code 424.2 has an "Excludes" note that states "rheumatic or of unspecified cause" which should be coded to 397.0 (diseases of tricuspid valve).

V0200   Exclusive check (if match, error) - X090

Diagnosis Table 3005   397.0   Diseases of tricuspid valve

Relational Table 3003   424.2   Tricuspid valve disorders, specified as nonrheumatic

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References: ICD-9-CM Codebook, Tabular Section, Excludes notes under code 424.2.

V0201   **PULMONARY VALVE, RHEUMATIC or NOT ?**

<u>Guideline</u>:   During the current episode of care, it is illogical for pulmonary valve to be both rheumatic and nonrheumatic. Read the "Excludes" notes under codes 397.1 and 424.3.

V0201   Exclusive check (if match, error) - X091

Diagnosis Table 3005   397.1   Rheumatic diseases of pulmonary valve

Relational Table 3003   424.3   Pulmonary valve disorders

<u>References</u>:   ICD-9-CM Codebook, Tabular Section, Excludes notes under codes 397.1 and 424.3.

V0202   **ENDOCARDIUM, RHEUMATIC or NOT ?**

Guideline: During the current episode of care, it is illogical for endocardium to be both rheumatic and nonrheumatic. Read the "Excludes" notes under code 397.9.

V0202   Exclusive check (if match, error) - X092

Diagnosis Table 3005	397.9	Rheumatic diseases of endocardium, valve unspecified
Relational Table 3003	424.90	Endocarditis, valve unspecified, unspecified cause
	424.99	Other endocarditis, valve unspecified

References: ICD-9-CM Codebook, Tabular Section, Excludes note under code 397.9.

V0203   **MYOCARDITIS, RHEUMATIC or NOT ?**

Guideline: During the current episode of care, it is illogical for myocarditis to be both rheumatic and nonrheumatic. Read the "Excludes" notes under codes 398.0 and 429.0.

V0203   Exclusive check (if match, error) - X095

Diagnosis Table 3005   398.0   Rheumatic myocarditis

Relational Table 3003   429.0   Myocarditis, unspecified

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under codes 398.0 and 428.0.

V0204   HEART DISEASE, RHEUMATIC or NOT ?

Guideline: During the current episode of care, it is illogical for the heart disease to be both rheumatic and nonrheumatic. Read the "Excludes" notes under code 398.90.

V0204   Exclusive check (if match, error) - X096

Diagnosis Table 3005   398.90   Rheumatic heart disease, unspecified

Relational Table 3003   429.89   Other ill-defined heart diseases
                               429.9   Heart disease, unspecified

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References: ICD-9-CM Codebook, Tabular Section, Excludes Notes under code 398.90.

V0205   **MITRAL AND AORTIC STENOSIS = COMBO CODE**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as mitral and aortic stenoses or when the Alphabetic Index so directs.

Code 396.0, Mitral valve stenosis and aortic valve stenosis, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0205   Exclusive check (if match, error) - R022

Diagnosis Table 3005   394.0   Mitral stenosis

Relational Table 3003   395.0   Rheumatic aortic stenosis

HINT: Combination code is 396.0 (Mitral valve stenosis and aortic valve stenosis).

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown,RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44.

V0206   **MITRAL AND AORTIC INSUFFICIENCY = COMBO CODE**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as mitral and aortic insufficiencies or when the Alphabetic Index so directs.

Code 396.3, Mitral valve insufficiency and aortic valve insufficiency, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0206   Exclusive check (if match, error) - R027

Diagnosis Table 3005   394.1   Rheumatic mitral insufficiency

Relational Table 3003   395.1   Rheumatic aortic insufficiency

HINT: The combination code is 396.3 (Mitral valve insufficiency and aortic valve insufficiency).

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown,RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44.

V0207   **MITRAL AND AORTIC STENOSIS / INSUFFICIENCY**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as mitral and aortic stenoses and insufficiencies or when the Alphabetic Index so directs.

Code 396.8, Multiple involvement of mitral and aortic valves, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0207   Exclusive check (if match, error) - R028

Diagnosis Table 3005   394.2   Mitral stenosis with insufficiency

Relational Table 3003   395.2   Rheumatic aortic stenosis with insufficiency

HINT: The combination code is 396.8 (multiple involvement of mitral and aortic valves).

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown,RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44.

V0208   **MITRAL STENOSIS AND AORTIC INSUFFICIENCY**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as mitral stenosis and aortic insufficiency or when the Alphabetic Index so directs.

Code 396.1, Mitral valve stenosis and aortic valve insufficiency, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0208   Exclusive check (if match, error) - R024

Diagnosis Table 3005   394.0   Mitral stenosis

Relational Table 3003   395.1   Rheumatic aortic insufficiency

HINT: The combination code is 396.1 mitral valve stenosis and aortic valve insufficiency.

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown,RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44.

V0209   **MITRAL INSUFFICIENCY AND AORTIC STENOSIS**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as mitral insufficiency and aortic stenosis or when the Alphabetic Index so directs.

Code 396.2, Mitral valve insufficiency and aortic valve stenosis, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0209   Exclusive check (if match, error) - R026

Diagnosis Table 3005   394.1   Rheumatic mitral insufficiency

Relational Table 3003   395.0   Rheumatic aortic stenosis

HINT: The combination code is 396.2 (mitral valve insufficiency and aortic valve stenosis).

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown,RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44.

V0210   **MITRAL AND AORTIC VALVE DISEASE = COMBO CODE**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as mitral and aortic valve disease or when the Alphabetic Index so direct.

Code 396.9, Mitral and aortic valve diseases, unspecified, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0210   Exclusive check (if match, error) - R030

Diagnosis Table 3005   394.9   Other and unspecified mitral valve diseases

Relational Table 3003   395.9   Other and unspecified rheumatic aortic diseases

HINT: The combination code is 396.9 (mitral and aortic valve diseases, unspecified).

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown,RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44.

V0211   **CONGESTIVE HEART FAILURE, RHEUMATIC OR NOT ?**

Guideline: When congestive heart failure is present with rheumatic mitral and aortic valve conditions, ICD-9-CM classifies the congestive heart failure as rheumatic.

V0211   Exclusive check (if match, error) - R031

Diagnosis Table 3005	394.0	Mitral stenosis
	394.1	Rheumatic mitral insufficiency
	394.2	Mitral stenosis with insufficiency
	394.9	Other and unspecified mitral valve diseases
	395.0	Rheumatic aortic stenosis
	395.1	Rheumatic aortic insufficiency
	395.2	Rheumatic aortic stenosis with insufficiency
	395.9	Other and unspecified rheumatic aortic diseases
	396.0	Mitral valve stenosis and aortic valve stenosis
	396.1	Mitral valve stenosis and aortic valve insufficiency
	396.2	Mitral valve insufficiency and aortic valve stenosis
	396.3	Mitral valve insufficiency and aortic valve insufficiency
	396.8	Multiple involvement of mitral and aortic valves
	396.9	Mitral and aortic valve diseases, unspecified

Relational Table	428.0	Congestive heart failure

HINT: If CHF is associated with rheumatic valve conditions, the CHF should be 398.91, Rheumatic heart failure (congestive).

References: Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1995, page 6.

V0212   **USE OF V10 FOR SECONDARY MALIGNANCIES**

Guideline: Category V10, Personal history of malignant neoplasm, should not be assigned for a history of secondary malignancy. The instructional notes listed under each subcategory of V10s listed only the primary malignant code ranges (140-195) and secondary malignancies are excluded from the range of codes.

A code from category V10 is assigned to indicate the <u>former site</u> of the <u>primary</u> malignancy.

V0212   Exclusive check (if match, error) - N027

Diagnosis Table 3005   V10.07   Personal history of malignant liver neoplasm

Relational Table 3003   197.7   Secondary malignant neoplasm, liver

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V0212   Exclusive check (if match, error) - N028

Diagnosis Table 3005   V10.3   Personal history of malignant breast neoplasm

Relational Table 3003   198.81   Secondary malignant neoplasm, breast

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V0212   Exclusive check (if match, error) - N029

Diagnosis Table 3005   V10.43   Personal history of malignant ovary neoplasm

Relational Table 3003   198.6   Secondary malignant neoplasm, ovary

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V0212   Exclusive check (if match, error) - N030

Diagnosis Table 3005   V10.52   Personal history of malignant kidney neoplasm

Relational Table 3003   198.0   Secondary malignant neoplasm, kidney

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References: Coding Clinic for ICD-9-CM, AHA, Volume 11, No 5, 1994, page 16; 2nd Quarter 1990, Section E for Neoplasm, page 9.

V0213   DIALYSIS: ATTENTION versus STATUS

Guideline: V codes indicating status are redundant when the code for encounter of dialysis itself indicates that the status exists.

The "Excludes" note under code V56.0 excludes the coding of dialysis status. The "Excludes" note under code V45.1 excludes the coding of admission for dialysis treatment or session.

V0213   Exclusive check (if match, error) - W021

Diagnosis Table 3005   V56.0   Encounter for extracorporeal dialysis

Relational Table 3003   V45.1   Renal dialysis status

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under codes V56.0 and V45.1.

V0214   **CONTRACEPTIVES: ATTENTION versus STATUS**

Guideline: V codes indicating status are redundant when the code itself for the management of the intrauterine contraceptive device indicates that the status exists.

The "Excludes" note under category V25.4 excludes the coding of presence of intrauterine contraceptive device as incidental finding. The "Excludes" note under code V45.5 excludes the coding of admission for contraceptive management.

V0214   Exclusive check (if match, error) - W022

Diagnosis Table 3005	V25.1	Encounter for insertion of intrauterine contraceptive device
	V25.42	Encounter for contraceptive management of intrauterine contraceptive device
Relational Table 3003	V45.51	Post intrauterine contraceptive device status
	V45.52	Post subdermal contraceptive implant status
	V45.59	Post other contraceptive device status

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under codes V25.4 and V45.5.

V0215   **EYE SURGICAL STATUS versus REPLACEMENT STATUS**

Guideline: V codes for the status codes are redundant, when the code for surgical states indicates that the status already exists.

The "Excludes" note under category V45.6 excludes the coding of artificial eye globe or lens status.

V0215   Exclusive check (if match, error) - W023

Diagnosis Table 3005   V45.69   States following surgery of eye and adnexa

Relational Table 3003   V43.0   Artificial eye globe status

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under code V45.6.

V0216   PACEMAKER: ATTENTION versus STATUS

Guideline: V codes for the status codes are redundant, when the code for the fitting/adjustment of pacemaker indicates that the status already exists.

The "Excludes" note under category V53 excludes the coding of presence of device as an incidental finding. The "Excludes" note under category V45 excludes the coding of admission for postsurgical status.

V0216   Exclusive check (if match, error) - W024

Diagnosis Table 3005   V53.31   Fitting/adjustment of cardiac pacemaker

Relational Table 3003   V45.01   Post cardiac pacemaker status

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References: ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V53 and V54.

V0217   **DEFIBRILLATOR: ATTENTION versus STATUS**

Guideline: V codes for the status codes are redundant, when the code for the fitting/adjustment of defibrillator
indicates that the status already exists.

The "Excludes" note under category V53 excludes the coding of presence of device as incidental
finding. The "Excludes" note under category V45 excludes the coding of admission for postsurgical
status.

V0217   Exclusive check (if match, error) - W025

Diagnosis Table 3005   V53.32   Fitting/adjustment of automatic implantable cardiac defibrillator

Relational Table 3003   V45.02   Post automatic implantable cardiac defibrillator status

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References: ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V53 and V54.

V0218   **CARDIAC DEVICE: ATTENTION versus STATUS**

Guideline: V codes for the status codes are redundant, when the code for the fitting/adjustment of device indicates that the status already exists.

The "Excludes" note under category V53 excludes the coding of presence of device as incidental finding. The "Excludes" note under category V45 excludes the coding of admission for postsurgical status.

V0218   Exclusive check (if match, error) - W026

Diagnosis Table 3005   V53.39   Fitting/adjustment of other cardiac device

Relational Table 3003   V45.09   Post other specified cardiac device status

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References: ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V53 and V54.

V0219   **GI DEVICE: ADJUSTMENT versus ATTENTION**

Guideline: V codes indicating encounters for cleaning of device, fitting and adjustment of device, and components relating to device care are distinct from actual treatment of artificial openings.

The "Excludes" note under code V53.5 excludes the coding of care related to the artificial openings.

V0219   Exclusive check (if match, error) - W027

Diagnosis Table 3005   V53.5   Fitting/adjustment of other intestinal appliance

Relational Table 3003   V55.2   Attention to ileostomy
     V55.3   Attention to colostomy
     V55.4   Attention to other artificial opening of digestive tract

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References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under code V53.5.

V0220   **URINARY DEVICE: ADJUSTMENT versus ATTENTION**

Guideline: V codes indicating encounters for cleaning of device, fitting and adjustment of device, and components relating to device care are distinct from actual treatment of artificial openings.

The "Excludes" note under code V53.6 excludes the coding of care related to the artificial openings.

V0220   Exclusive check (if match, error) - W028

Diagnosis Table 3005   V53.6   Fitting/adjustment of urinary devices

Relational Table 3003   V55.5   Attention to cystostomy
                              V55.6   Attention to other artificial opening of urinary tract

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References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under code V53.6.

V0221   **ORTHOPEDIC DEVICE: ADJUSTMENT versus ATTENTION**

Guideline: V codes indicating encounters for cleaning of device, fitting and adjustment of device, and components relating to device care are distinct from actual treatment of orthopedic aftercare.

The "Excludes" note under code V53.7 excludes the coding of orthopedic aftercare. The "Excludes" note under category V54 excludes the coding of care related to device.

V0221   Exclusive check (if match, error) - W029

Diagnosis Table 3005   V53.7   Fitting/adjustment of orthopedic devices

Relational Table 3003   V54.x   Other orthopedic aftercare

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under code V53.7 and category V54.

V0222   **ARM: ADJUSTMENT versus STATUS**

Guideline: V codes for the status codes are redundant, when the code for the fitting/adjustment of device indicates that the status already exists.

The excludes note under category V52 excludes the coding of status artificial arm. The excludes note under category V43 excludes the coding of care related to artificial arm.

V0222   Exclusive check (if match, error) - W030

Diagnosis Table 3005   V52.0   Fitting/adjustment of artificial arm

Relational Table 3003   V43.7   Replacement status of limb

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V52 and V43.

V0223   **LEG: ADJUSTMENT versus STATUS**

Guideline: V codes for the status codes are redundant, when the code for the fitting/adjustment of device indicates that the status already exists.

The "Excludes" note under category V52 excludes the coding of artificial leg status. The "Excludes" note under category V43 excludes the coding of care related to artificial leg.

V0223   Exclusive check (if match, error) - W031

Diagnosis Table 3005   V52.1   Fitting/adjustment of artificial leg

Relational Table 3003   V43.7   Replacement status of limb

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V52 and V43.

V0224   **EYE: ADJUSTMENT versus STATUS**

Guideline: V codes for the status codes are redundant, when the code for the fitting/adjustment of device indicates that the status already exists.

The "Excludes" note under category V52 excludes the coding of artificial eye status. The "Excludes" note under category V43 excludes the coding of care related to artificial eye.

V0224   Exclusive check (if match, error) - W032

Diagnosis Table 3005   V52.2   Fitting/adjustment of artificial eye

Relational Table 3003   V43.0   Replacement status of eye globe

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References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V52 and V43.

V0225   **BREAST: ADJUSTMENT versus STATUS**

Guideline: V codes for the status codes are redundant, when the code for the fitting/adjustment of device indicates that the status already exists.

The "Excludes" note under category V52 excludes the coding of breast prosthesis/implant status.

The "Excludes" note under category V43 excludes the coding of care related to breast prosthesis/implant.

V0225   Exclusive check (if match, error) - W033

Diagnosis Table 3005   V52.4   Fitting/adjustment of breast prosthesis and implant

Relational Table 3003   V43.82   Replacement status of breast

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References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V52 and V43.

V0226   **TRACHEOSTOMY: ATTENTION/STATUS versus COMPLICATION**

Guideline: V codes indicating encounters for care of artificial openings should not be used when there is a complication of the artificial opening.

The "Excludes" note under category V44 also refers to category V55, which excludes the coding of care related to complications of the artificial openings.

The "Excludes" note under heading for complications of surgical and medical care (996-999) excludes the coding of postoperative conditions in which no complications are present (V44, V52, V55).

V0226   Exclusive check (if match, error) - W034

Diagnosis Table 3005   519.0x   Tracheostomy complication

Relational Table 3003   V55.0   Attention to tracheostomy
                                V44.0   Tracheostomy status

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V44 and V55...and title for complication of surgical and medical care (996-999).

V0227   **GASTROSTOMY: ATTENTION/STATUS versus COMPLICATION**

Guideline: V codes indicating encounters for care of artificial openings should not be used when there is a complication or malfunction of the artificial opening.

The "Excludes" note under category V44 also refers to category V55, which excludes the coding of care related to complications of the artificial openings.

The "Excludes" note under the heading for complications of surgical and medical care (996-999) excludes the coding of postoperative conditions in which no complications are present (V44, V52, V55).

V0227   Exclusive check (if match, error) - W035

Diagnosis Table 3005   997.4   Digestive system complications
                             536.4x   Gastrostomy complications

Relational Table 3003   V55.1   Attention to gastrostomy
                             V44.1   Gastrostomy status

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56; 4th Quarter 1998, pages 43-44.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V44 and V55...and title for complication of surgical and medical care (996-999).

V0228   **ILEOSTOMY: ATTENTION/STATUS versus COMPLICATION**

Guideline: V codes indicating encounters for care of artificial openings should not be used when there is a complication of the artificial opening.

The "Excludes" note under category V44 also refers to category V55, which excludes the coding of care related to complications of the artificial openings.

The "Excludes" note under the heading for complications of surgical and medical care (996-999) excludes the coding of postoperative conditions in which no complications are present (V44, V52, V55).

V0228   Exclusive check (if match, error) - W036

Diagnosis Table 3005   569.6x   Colostomy and enterostomy complication

Relational Table 3003   V55.2   Attention to ileostomy
                                V44.2   Ileostomy status

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V44 and V55...and title for complication of surgical and medical care (996-999).

V0229   **COLOSTOMY: ATTENTION/STATUS versus COMPLICATION**

Guideline: V codes indicating encounters for care of artificial openings should not be used when there is a complication of the artificial opening.

The "Excludes" note under category V44 also refers to category V55, which excludes the coding of care related to complications of the artificial openings.

The "Excludes" note under the heading for complications of surgical and medical care (996-999) excludes the coding of postoperative conditions in which no complications are present (V44, V52, V55).

V0229   Exclusive check (if match, error) - W037

Diagnosis Table 3005   569.6x   Other colostomy and/or enterostomy complication

Relational Table 3003   V55.3   Attention to colostomy
                                    V44.3   Colostomy status

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V44 and V55...and title for complication of surgical and medical care (996-999).

V0230   **CYSTOSTOMY: ATTENTION/STATUS versus COMPLICATION**

Guideline: V codes indicating encounters for care of artificial openings should not be used when there is a complication of the artificial opening.

The "Excludes" note under category V44 also refers to category V55, which excludes the coding of care related to complications of the artificial openings.

The "Excludes" note under the heading for complications of surgical and medical care (996-999) excludes the coding of postoperative conditions in which no complications are present (V44, V52, V55).

V0230   Exclusive check (if match, error) - W038

Diagnosis Table 3005   997.5   Urinary complications

Relational Table 3003   V55.5   Attention to cystostomy
                                   V44.5   Cystostomy status

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V44 and V55...and title for complication of surgical and medical care (996-999).

V0231   **BREAST: ATTENTION versus COMPLICATION**

Guideline: V codes indicating encounters for fitting/adjustment of breast prosthesis/implant should not be used when there is a complication of the breast prosthesis/implant.

The "Excludes" note under category V52 excludes the coding of care related to the complications of the breast prosthesis/implant.

The "Excludes" note under the heading for complications of surgical and medical care (996-999) excludes the coding of postoperative conditions in which no complications are present (V44, V52, V55).

V0231   Exclusive check (if match, error) - W039

Diagnosis Table 3005   996.54   Complication due to breast prosthesis

Relational Table 3003   V52.4   Fitting/adjustment of breast prosthesis and implant

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References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V52 and title for complication of surgical and medical care (996-999).

V0232   **PACEMAKER: ATTENTION versus COMPLICATION**

Guideline: V codes indicating encounters for fitting/adjustment of pacemaker should not be used when there is
a complication of the pacemaker.

The "Excludes" note under category V52 excludes the coding of care related to the complications of
the pacemaker.

The "Excludes" note under the heading for complications of surgical and medical care (996-999)
excludes the coding of postoperative conditions in which no complications are present (V44, V52,
V55).

V0232   Exclusive check (if match, error) - W040

Diagnosis Table 3005   996.01   Complication due to cardiac pacemaker

Relational Table 3003   V53.31   Fitting/adjustment of cardiac pacemaker

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References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V52 and title for
complication of surgical and medical care (996-999).

V0233   574.6 COMBINATION CODE FOR GALLSTONE AND BILE STONE NEEDED

Guideline: Code 574.6x, Calculus of gallbladder and bile duct with acute cholecystitis, is a combination code that clearly identifies all the elements documented in the diagnostic statement. This is effective for discharges on or after 10-1-96.

Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as gallstones and bile duct stones or when the Alphabetic Index so directs.

V0233   Exclusive check (if match, error) - R033

Diagnosis Table 3005   574.00   Calculus of gallbladder with acute cholecystitis without obstruction
                          574.01   Calculus of gallbladder with acute cholecystitis with obstruction

Relational Table 3003   574.30   Calculus of bile duct with acute cholecystitis without obstruction
                          574.31   Calculus of bile duct with acute cholecystitis with obstruction

HINT: The combination code is 574.6x (Calculus of gallbladder and bile duct with acute cholecystitis with/without obstruction).

References: ICD-9-CM Codebook, Tabular Section, Coding instructions under code 574.6.

V0234   574.7 COMBINATION CODE FOR GALLSTONE AND BILE STONE NEEDED

Guideline: Code 574.7x, Calculus of gallbladder and bile duct with other cholecystitis, is a combination code that clearly identifies all the elements documented in the diagnostic statement. This is effective for discharges on or after 10-1-96.

Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as gallstones and bile duct stones or when the Alphabetic Index so directs.

V0234   Exclusive check (if match, error) - R035

Diagnosis Table 3005   574.10   Calculus of gallbladder with other cholecystitis without obstruction
                               574.11   Calculus of gallbladder with other cholecystitis with obstruction

Relational Table 3003   574.40   Calculus of bile duct with other cholecystitis without obstruction
                               574.41   Calculus of bile duct with other cholecystitis with obstruction

HINT: The combination code is 574.7x (Calculus of gallbladder and bile duct with other cholecystitis with/without obstruction).

References: ICD-9-CM Codebook, Tabular Section, Coding instructions under code 574.7.

V0235   574.9 COMBINATION CODE FOR GALLSTONE AND BILE STONE NEEDED

Guideline: Code 574.9x, Calculus of gallbladder and bile duct without cholecystitis, is a combination code that clearly identifies all the elements documented in the diagnostic statement. This is effective for discharges on or after 10-1-96.

Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as gallstones and bile duct stones or when the Alphabetic Index so directs.

V0235   Exclusive check (if match, error) - R037

Diagnosis Table 3005   574.20   Calculus of gallbladder without mention of cholecystitis without obstruction

574.21   Calculus of gallbladder without mention of cholecystitis with obstruction

Relational Table 3003   574.50   Calculus of bile duct without mention of cholecystitis without obstruction

574.51   Calculus of bile duct without mention of cholecystitis with obstruction

HINT: The combination code is 574.9x (Calculus of gallbladder and bile duct without cholecystitis with/without obstruction).

References: ICD-9-CM Codebook, Tabular Section, Coding instructions under code 574.9.

V0236   **574.8 COMBINATION CODE FOR GALLSTONE AND BILE STONE NEEDED**

Guideline: Code 574.8x, Calculus of gallbladder and bile duct with acute and chronic cholecystitis, is a combination code that clearly identifies all the elements documented in the diagnostic statement. This is effective for discharges on or after 10-1-96.

Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as gallstones and bile duct stones or when the Alphabetic Index so directs.

V0236   Exclusive check (if match, error) - R040

Diagnosis Table 3005   574.60   Calculus of gallbladder and bile duct with acute cholecystitis without obstruction

                                       574.61   Calculus of gallbladder and bile duct with acute cholecystitis with obstruction

Relational Table 3003   574.70   Calculus of gallbladder and bile duct with other cholecystitis without obstruction

                                       574.71   Calculus of gallbladder and bile duct with other cholecystitis with obstruction

HINT: The combination code is 574.8x (Calculus of gallbladder and bile duct with acute and chronic cholecystitis with/without obstruction).

References: ICD-9-CM Codebook, Tabular Section, Coding instructions under code 574.8.

V0237   **NEWBORN OUTCOME NEEDED FOR DELIVERY**

Guideline: An outcome of delivery code, V27, should be assigned as an additional code during the episode of care during which delivery occurred. The fourth digits indicate whether the outcome is liveborn or stillborn, and whether the outcome is single infant or multiple infants.

     These codes should not be used when a delivery occurs prior to hospital admission, or on subsequent admissions, or on the newborn record.

V0237   Inclusive check (if no match, error) - M001

Diagnosis Table 3005	640-676 *5th digits .1 or .2* 650	Pregnancy, delivered, with or without mention of antepartum or postpartum condition Labor, delivery, antepartum and postpartum periods are entirely normal
Relational Table 3003	V27.x	Outcome of Delivery

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, Obstetric Guidelines 5.1 (D), page 26.

     ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1996, pages 210, 212.

     ICD-9-CM Codebook, Tabular Section, Coding instructions under category V27.

V0238   **PREGNANCY WITH OR WITHOUT HYPERTENSION ?**

Guideline: Hypertension associated with pregnancy, childbirth, or the puerperium is considered to be a complication unless the physician specifically indicates that it is not. This includes both pre-existing and transient hypertension of pregnancy or that arising during pregnancy. Often the symptoms of hypertension include edema and/or albuminuria or excessive weight gain which can aggravate hypertension.

If the edema or excessive weight gain in pregnancy is documented by the physician and the hypertension is mentioned, the "Excludes" note directs the coder to use the combination code 642.x instead. It is illogical for a patient to have both hypertension and no hypertension.

V0238   Exclusive check (if match, error) - O007

Diagnosis Table 3005   642.xx   Hypertension complicating pregnancy, childbirth, or the puerperium

Relational Table 3003   646.1x   Edema or excessive weight gain in pregnancy, without mention of hypertension

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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1996, pages 218, 273.

ICD-9-CM Codebook, Tabular Section, Excludes notes under subcategory 646.1.

V0239   **PREGNANCY AND RENAL DIAGNOSIS WITH OR WITHOUT HYPERTENSION?**

Guideline: Hypertension associated with pregnancy, childbirth, or the puerperium is considered to be a complication unless the physician specifically indicates that it is not. This includes both pre-existing and transient hypertension of pregnancy or that arising during pregnancy. Often the symptoms of hypertension include edema, albuminuria, renal disease, nephropathy, and/or uremia.

     If the albuminuria or renal disease in pregnancy is documented by the physician and the hypertension is mentioned, the "Excludes" note directs the coder to use the combination code 642.x instead. It is illogical for a patient to have both hypertension and no hypertension.

V0239   Exclusive check (if match, error) - O009

Diagnosis Table 3005   642.xx   Hypertension complicating pregnancy, childbirth, or the puerperium

Relational Table 3003   646.2x   Unspecified renal disease in pregnancy, without mention of hypertension

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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1996, pages 218, 273.

     ICD-9-CM Codebook, Tabular Section, Excludes notes under subcategory 646.2.

V0240   575.12   COMBINATION CODE FOR ACUTE AND CHRONIC CHOLECYSTITIS NEEDED

Guideline: Code 575.12, Acute and chronic cholecystitis, is a combination code that clearly identifies all the elements documented in the diagnostic statement. This is effective for discharges on or after 10-1-96.

Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as gallstones and bile duct stones or when the Alphabetic Index so directs.

V0240   Exclusive check (if match, error) - R042

Diagnosis Table 3005   575.0   Acute cholecystitis

Relational Table 3003   575.11   Chronic cholecystitis

HINT: The combination code is 575.12 (Acute and chronic cholecystitis).

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under code 575.0

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for infections to be both unspecified and specified from the same category on the same record.

V0241   Exclusive Check (if match, error) - Y008

| Diagnosis Table 3005 | 001.9 | Cholera, unspecified |
| Relational Table 3003 | 001.0- 001.1 | Cholera, specified |

V0241   Exclusive Check (if match, error) - Y009

| Diagnosis Table 3005 | 002.9 | Parathyroid fever, unspecified |
| Relational Table 3003 | 002.1- 002.3 | Parathyroid fever, specified |

V0241   Exclusive Check (if match, error) - Y010

| Diagnosis Table 3005 | 003.20 | Localized Salmonella infection, unspecified |
| Relational Table 3003 | 003.21 - 003.29 | Localized Salmonella infection, specified |

V0241   Exclusive Check (if match, error) - Y011

| Diagnosis Table 3005 | 003.9 | Salmonella infection, unspecified |
| Relational Table 3003 | 003.0- 003.8 | Salmonella infections, specified |

V0241   Exclusive Check (if match, error) - Y012

| Diagnosis Table 3005 | 004.9 | Shigellosis, unspecified |
| Relational Table 3003 | 004.0- 004.8 | Shigellosis infections, specified |

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y013

| Diagnosis Table 3005 | 005.9 | Food poisoning, unspecified |
| Relational Table 3003 | 005.0-
005.89 | Food poisonings, specified |

V0241   Exclusive Check (if match, error) - Y014

| Diagnosis Table 3005 | 006.9 | Amebiasis, unspecified |
| Relational Table 3003 | 006.0-
006.8 | Amebic infections, specified |

V0241   Exclusive Check (if match, error) - Y015

| Diagnosis Table 3005 | 007.9 | Protozoal intestinal disease, unspecified |
| Relational Table 3003 | 007.0-
007.8 | Protozoal intestinal diseases, specified |

V0241   Exclusive Check (if match, error) - Y016

| Diagnosis Table 3005 | 008.00 | E. coli, unspecified |
| Relational Table 3003 | 008.01-
008.09 | E. coli infections, specified |

V0241   Exclusive Check (if match, error) - Y018

| Diagnosis Table 3005 | 009.0-
009.3 | Ill-defined intestinal infections |
| Relational Table 3003 | 001.0-
008.8 | Intestinal infectious diseases, specified |

V0241   Exclusive Check (if match, error) - Y019

| Diagnosis Table 3005 | 010.9 | Primary tuberculous infection, unspecified |
| Relational Table 3003 | 010.0-
010.8 | Primary tuberculous infections, specified |

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS**- CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y020

| Diagnosis Table 3005 | 010.x0 | Primary tuberculous infection, unspecified test |
| Relational Table 3003 | 010.x1-
010.x6 | Primary tuberculous infection, specified tests |

V0241   Exclusive Check (if match, error) - Y021

| Diagnosis Table 3005 | 011.x0 | Pulmonary tuberculous, unspecified test |
| Relational Table 3003 | 011.x1-
011.x6 | Pulmonary tuberculous, specified tests |

V0241   Exclusive Check (if match, error) - Y022

| Diagnosis Table 3005 | 012.x0 | Respiratory tuberculosis, unspecified test |
| Relational Table 3003 | 012.x1-
012.x6 | Respiratory tuberculosis, specified tests |

V0241   Exclusive Check (if match, error) - Y023

| Diagnosis Table 3005 | 013.x0 | CNS and meningeal tuberculosis, unspecified test |
| Relational Table 3003 | 013.x1-
013.x6 | CNS and meningeal tuberculosis, specified tests |

V0241   Exclusive Check (if match, error) - Y024

| Diagnosis Table 3005 | 014.x0 | Intestinal tuberculosis, unspecified test |
| Relational Table 3003 | 014.x1-
014.x6 | Intestinal tuberculosis, specified tests |

V0241   Exclusive Check (if match, error) - Y025

| Diagnosis Table 3005 | 015.x0 | Bones and joints tuberculosis, unspecified test |
| Relational Table 3003 | 015.x1-
015.x6 | Bones and joints tuberculosis, specified tests |

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y026

| Diagnosis Table 3005 | 016.x0 | Genitourinary tuberculosis, unspecified test |
| Relational Table 3003 | 016.x1-
016.x6 | Genitourinary tuberculosis, specified tests |

V0241   Exclusive Check (if match, error) - Y027

| Diagnosis Table 3005 | 017.x0 | Other organs with tuberculosis, unspecified test |
| Relational Table 3003 | 017.x1-
017.x6 | Other organs with tuberculosis, specified tests |

V0241   Exclusive Check (if match, error) - Y028

| Diagnosis Table 3005 | 018.x0 | Miliary tuberculosis, unspecified test |
| Relational Table 3003 | 018.x1-
018.x6 | Miliary tuberculosis, specified tests |

V0241   Exclusive Check (if match, error) - Y029

| Diagnosis Table 3005 | 011.9 | Pulmonary tuberculosis, unspecified |
| Relational Table 3003 | 011.0-
011.8 | Pulmonary tuberculoses, specified |

V0241   Exclusive Check (if match, error) - Y030

| Diagnosis Table 3005 | 013.9 | CNS tuberculosis, unspecified |
| Relational Table 3003 | 013.0-
013.8 | CNS tuberculoses, specified |

V0241   Exclusive Check (if match, error) - Y031

| Diagnosis Table 3005 | 015.9 | Bones and joints tuberculosis, unspecified |
| Relational Table 3003 | 015.0-
015.8 | Bones and joints tuberculoses, specified |

V0241 **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y017

Diagnosis Table 3005	016.9	Genitourinary tuberculosis, unspecified
Relational Table 3003	016.0-016.8	Genitourinary tuberculoses, specified

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V0241   Exclusive Check (if match, error) - Y032

Diagnosis Table 3005	018.9	Miliary tuberculosis, unspecified
Relational Table 3003	018.0-018.8	Miliary tuberculoses, specified

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V0241   Exclusive Check (if match, error) - Y033

Diagnosis Table 3005	020.9	Plague, unspecified
Relational Table 3003	020.0-020.8	Plagues, specified

V0241   Exclusive Check (if match, error) - Y034

Diagnosis Table 3005	021.9	Tularemia, unspecified
Relational Table 3003	021.0-021.8	Tularemia, specified

V0241   Exclusive Check (if match, error) - Y035

Diagnosis Table 3005	022.9	Anthrax, unspecified
Relational Table 3003	022.0-022.8	Anthrax, specified

V0241   Exclusive Check (if match, error) - Y036

Diagnosis Table 3005	023.9	Brucellosis, unspecified
Relational Table 3003	023.0-023.8	Brucellosis, specified

V0241 **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241 Exclusive Check (if match, error) - Y037

| Diagnosis Table 3005 | 026.9 | Rat-bite fever, unspecified |
| Relational Table 3003 | 026.0-026.8 | Rat-bite fevers, specified |

V0241 Exclusive Check (if match, error) - Y038

| Diagnosis Table 3005 | 027.9 | Zoonotic bacterial disease, unspecified |
| Relational Table 3003 | 027.0-027.8 | Zoonotic bacterial disease, specified |

V0241 Exclusive Check (if match, error) - Y039

| Diagnosis Table 3005 | 030.9 | Leprosy, unspecified |
| Relational Table 3003 | 030.0-030.8 | Leprosy infections, specified |

V0241 Exclusive Check (if match, error) - Y040

| Diagnosis Table 3005 | 031.9 | Mycobacteria disease, unspecified |
| Relational Table 3003 | 031.0-031.8 | Mycobacteria diseases, specified |

V0241 Exclusive Check (if match, error) - Y041

| Diagnosis Table 3005 | 032.9 | Diptheria, unspecified |
| Relational Table 3003 | 032.0-032.8 | Diptheria infections, specified |

V0241 Exclusive Check (if match, error) - Y042

| Diagnosis Table 3005 | 033.9 | Whooping cough, unspecified organism |
| Relational Table 3003 | 033.0-033.8 | Whooping cough, specified organisms |

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y043

Diagnosis Table 3005	036.40	Meningococcal carditis, unspecified
Relational Table 3003	036.41- 036.43	Meningococcal carditis, specified

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V0241   Exclusive Check (if match, error) - Y044

Diagnosis Table 3005	036.9	Meningococcal infection, unspecified
Relational Table 3003	036.0- 036.89	Meningococcal infections, specified

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V0241   Exclusive Check (if match, error) - Y045

Diagnosis Table 3005	038.40	Gram-negative organism, unspecified
Relational Table 3003	038.41- 038.49	Gram-negative organisms, specified

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V0241   Exclusive Check (if match, error) - Y046

Diagnosis Table 3005	038.9	Septicemia, unspecified
Relational Table 3003	038.0- 038.8	Septicemias, specified

V0241   Exclusive Check (if match, error) - Y047

Diagnosis Table 3005	039.9	Actinomycotic infections, unspecified site
Relational Table 3003	039.0- 039.8	Actinomycotic infections, specified sites

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V0241   Exclusive Check (if match, error) - Y048

Diagnosis Table 3005	041.00	Streptococcus, unspecified
Relational Table 3003	041.01- 041.09	Streptococcus infections, specified

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V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y049

| Diagnosis Table 3005 | 041.10 | Staphylococcus, unspecified |
| Relational Table 3003 | 041.11-
041.19 | Staphylococcus infections, specified |

V0241   Exclusive Check (if match, error) - Y050

| Diagnosis Table 3005 | 041.9 | Bacterial infection, unspecified |
| Relational Table 3003 | 041.00-
041.89 | Bacterial infections, specified |

V0241   Exclusive Check (if match, error) - Y051

| Diagnosis Table 3005 | 045.x0 | Acute poliomyelitis, unspecified viral type |
| Relational Table 3003 | 045.x1-
045.x3 | Acute poliomyelitis, specified viral types |

V0241   Exclusive Check (if match, error) - Y052

| Diagnosis Table 3005 | 045.9 | Acute poliomyelitis, unspecified |
| Relational Table 3003 | 045.0-
045.2 | Acute poliomyelitis, specified |

V0241   Exclusive Check (if match, error) - Y053

| Diagnosis Table 3005 | 046.9 | Slow virus infection of CNS, unspecified |
| Relational Table 3003 | 046.0-
046.8 | Slow virus infections of CNS, specified |

V0241   Exclusive Check (if match, error) - Y054

| Diagnosis Table 3005 | 047.9 | Viral meningitis, unspecified |
| Relational Table 3003 | 047.0-
047.8 | Viral meningitis, specified |

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y055

Diagnosis Table 3005	049.9	Non-arthropod-borne viral disease of CNS, unspecified
Relational Table 3003	049.0- 049.8	Non-arthropod-borne viral diseases of CNS, specified

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V0241   Exclusive Check (if match, error) - Y056

Diagnosis Table 3005	050.9	Smallpox, unspecified
Relational Table 3003	050.0- 050.2	Smallpox, specified

V0241   Exclusive Check (if match, error) - Y057

Diagnosis Table 3005	051.9	Paravaccina, unspecified
Relational Table 3003	051.0- 051.2	Paravaccina, specified

V0241   Exclusive Check (if match, error) - Y058

Diagnosis Table 3005	052.9	Varicella, without complication
Relational Table 3003	052.0- 052.8	Varicella, with complications

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V0241   Exclusive Check (if match, error) - Y059

Diagnosis Table 3005	052.8	Varicella, with unspecified complication
Relational Table 3003	052.0- 052.7	Varicella, with specified complications

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V0241   Exclusive Check (if match, error) - Y060

Diagnosis Table 3005	053.10	Herpes zoster with unspecified nervous system complication
Relational Table 3003	053.11- 053.19	Herpes zoster with specified nervous system complications

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V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS**- CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y061

Diagnosis Table 3005   053.8   Herpes zoster, with unspecified complication

Relational Table 3003   053.0-   Herpes zoster, with specified complications
                               053.79

V0241   Exclusive Check (if match, error) - Y062

Diagnosis Table 3005   053.9   Herpes zoster, unspecified

Relational Table 3003   053.0-   Herpes zoster, specified
                               053.8

V0241   Exclusive Check (if match, error) - Y063

Diagnosis Table 3005   054.10   Genital herpes, unspecified

Relational Table 3003   054.11-   Genital herpes, specified
                               054.19

V0241   Exclusive Check (if match, error) - Y064

Diagnosis Table 3005   054.40   Herpes with unspecified opthalmic complication

Relational Table 3003   054.41-   Herpes with specified opthalmic complications
                               054.49

V0241   Exclusive Check (if match, error) - Y065

Diagnosis Table 3005   054.8   Herpes with unspecified complication

Relational Table 3003   054.0-   Herpes with specified complications
                               054.79

V0241   Exclusive Check (if match, error) - Y066

Diagnosis Table 3005   054.9   Herpes, unspecified

Relational Table 3003   054.0-   Herpes infections, specified
                               054.8

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS**- CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y067

Diagnosis Table 3005	055.8	Measles with unspecified complication
Relational Table 3003	055.0- 055.79	Measles with specified complications

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V0241   Exclusive Check (if match, error) - Y068

Diagnosis Table 3005	055.9	Measles, without complication
Relational Table 3003	055.0- 055.8	Measles, with complications

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V0241   Exclusive Check (if match, error) - Y069

Diagnosis Table 3005	056.00	Rubella, without neurological complication
Relational Table 3003	056.01- 056.09	Rubella, with neurological complications

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V0241   Exclusive Check (if match, error) - Y070

Diagnosis Table 3005	056.8	Rubella, with unspecified complication
Relational Table 3003	056.0- 056.7	Rubella, with specified complication

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V0241   Exclusive Check (if match, error) - Y071

Diagnosis Table 3005	056.9	Rubella, without complication
Relational Table 3003	056.0- 056.8	Rubella, with complications

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V0241   Exclusive Check (if match, error) - Y072

Diagnosis Table 3005	057.9	Viral exanthem, unspecified
Relational Table 3003	057.0- 057.8	Viral exanthem, specified

V0241 **UNSPECIFIED versus SPECIFIED INFECTIONS**- CONTINUED (see pg 244)

V0241 Exclusive Check (if match, error) - Y073

| Diagnosis Table 3005 | 060.9 | Yellow fever, unspecified |
| Relational Table 3003 | 060.0-060.1 | Yellow fever, specified |

V0241 Exclusive Check (if match, error) - Y074

| Diagnosis Table 3005 | 062.9 | Mosquito-borne viral encephalitis, unspecified |
| Relational Table 3003 | 062.0-062.8 | Mosquito-borne viral encephalitis, specified |

V0241 Exclusive Check (if match, error) - Y075

| Diagnosis Table 3005 | 063.9 | Tick-borne viral encephalitis, unspecified |
| Relational Table 3003 | 063.0-063.8 | Tick-borne viral encephalitis, specified |

V0241 Exclusive Check (if match, error) - Y076

| Diagnosis Table 3005 | 065.9 | Arthropod-borne hemorrhagic fever, unspecified |
| Relational Table 3003 | 065.0-065.8 | Arthropod-borne hemorrhagic fevers, specified |

V0241 Exclusive Check (if match, error) - Y077

| Diagnosis Table 3005 | 066.9 | Arthropod-borne viral disease, unspecified |
| Relational Table 3003 | 066.0-066.8 | Arthropod-borne viral diseases, specified |

V0241 Exclusive Check (if match, error) - Y078

| Diagnosis Table 3005 | 070.6-070.9 | Unspecified viral hepatitis |
| Relational Table 3003 | 070.0-070.5 | Specified viral hepatitis |

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS**- CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y079

| Diagnosis Table 3005 | 072.8 | Mumps with unspecified complication |
| Relational Table 3003 | 072.0-072.7 | Mumps with specified complications |

V0241   Exclusive Check (if match, error) - Y080

| Diagnosis Table 3005 | 072.9 | Mumps without complication |
| Relational Table 3003 | 072.0-072.8 | Mumps with complications |

V0241   Exclusive Check (if match, error) - Y081

| Diagnosis Table 3005 | 073.8 | Ornithosis, with unspecified complication |
| Relational Table 3003 | 073.0-073.7 | Ornithosis, with specified complication |

V0241   Exclusive Check (if match, error) - Y082

| Diagnosis Table 3005 | 073.9 | Ornithosis, unspecified |
| Relational Table 3003 | 073.0-073.8 | Ornithosis, specified |

V0241   Exclusive Check (if match, error) - Y083

| Diagnosis Table 3005 | 074.20 | Coxsackie carditis, unspecified |
| Relational Table 3003 | 074.21-074.23 | Coxsackie carditis, specified |

V0241   Exclusive Check (if match, error) - Y084

| Diagnosis Table 3005 | 076.9 | Trachoma, unspecified |
| Relational Table 3003 | 076.0-076.1 | Trachoma, specified |

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y085

Diagnosis Table 3005	077.99	Unspecified diseases, due to viruses
Relational Table 3003	077.0- 077.8	Specified diseases, due to virsuses

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V0241   Exclusive Check (if match, error) - Y086

Diagnosis Table 3005	078.10	Viral warts, unspecified
Relational Table 3003	078.11- 078.19	Viral warts, specified

V0241   Exclusive Check (if match, error) - Y087

Diagnosis Table 3005	079.50	Retrovirus, unspecified
Relational Table 3003	079.51- 079.59	Retroviruses, specified

V0241   Exclusive Check (if match, error) - Y088

Diagnosis Table 3005	079.98	Unspecified chlamydial infection
Relational Table 3003	079.88	Specified chlamydial infections

V0241   Exclusive Check (if match, error) - Y090

Diagnosis Table 3005	079.99	Unspecified viral infection
Relational Table 3003	079.0- 079.81	Specified viral infections

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V0241   Exclusive Check (if match, error) - Y091

Diagnosis Table 3005	081.9	Typhus, unspecified
Relational Table 3003	081.0- 081.2	Typhus, specified

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241	Exclusive Check (if match, error) - Y092	
Diagnosis Table 3005	082.9	Tick-borne rickettsiosis, unspecified
Relational Table 3003	082.0-082.8	Tick-borne rickettsiosis, specified

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V0241	Exclusive Check (if match, error) - Y093	
Diagnosis Table 3005	083.9	Rickettsiosis, unspecified
Relational Table 3003	083.0-083.8	Rickettsiosis, specified

V0241	Exclusive Check (if match, error) - Y094	
Diagnosis Table 3005	084.6	Malaria, unspecified
Relational Table 3003	084.0-084.5	Malaria, specified

V0241	Exclusive Check (if match, error) - Y095	
Diagnosis Table 3005	085.9	Leishmaniasis, unspecified
Relational Table 3003	085.0-085.5	Leishmaniasis, specified

V0241	Exclusive Check (if match, error) - Y096	
Diagnosis Table 3005	086.9	Trypanosomiasis, unspecified
Relational Table 3003	086.0-086.5	Trypanosomiasis, specified

V0241	Exclusive Check (if match, error) - Y097	
Diagnosis Table 3005	087.9	Relapsing fever, unspecified
Relational Table 3003	087.0-087.1	Relapsing fevers, specified

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V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y098

Diagnosis Table 3005	088.9	Arthropod-borne disease, unspecified
Relational Table 3003	088.0-088.8	Arthropod-borne diseases, specified

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V0241   Exclusive Check (if match, error) - Y099

Diagnosis Table 3005	090.9	Congenital syphilis, unspecified
Relational Table 3003	090.0-090.7	Congenital syphilis, specified

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V0241   Exclusive Check (if match, error) - Y100

Diagnosis Table 3005	091.50	Syphilitic uveitis, unspecified
Relational Table 3003	091.51-091.52	Syphilitic uveitis, specified

----

V0241   Exclusive Check (if match, error) - Y101

Diagnosis Table 3005	091.9	Secondary syphilis, unspecified
Relational Table 3003	091.0-091.8	Syphilis, specified

V0241   Exclusive Check (if match, error) - Y102

Diagnosis Table 3005	092.9	Early syphilis, latent, unspecified
Relational Table 3003	092.0	Early syphilis, latent, specified

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V0241   Exclusive Check (if match, error) - Y103

Diagnosis Table 3005	093.20	Syphilitic valve, unspecified
Relational Table 3003	093.21-093.24	Syphilitic valves, specified

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V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y104

Diagnosis Table 3005	093.9	Cardiovascular syphilis, unspecified
Relational Table 3003	093.0- 093.89	Cardiovascular syphilis, specified

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V0241   Exclusive Check (if match, error) - Y105

Diagnosis Table 3005	094.9	Neurosyphilis, unspecified
Relational Table 3003	094.0- 094.8	Neurosyphilis, specified

V0241   Exclusive Check (if match, error) - Y106

Diagnosis Table 3005	095.9	Late symptomatic syphilis, unspecified
Relational Table 3003	095.0- 095.8	Late symptomatic syphilis, specified

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V0241   Exclusive Check (if match, error) - Y107

Diagnosis Table 3005	098.10	Acute gonococcal infection of upper genitourinary tract unspecified site
Relational Table 3003	098.11- 098.19	Acute gonococcal infection of upper genitourinary tract specified sites

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V0241   Exclusive Check (if match, error) - Y108

Diagnosis Table 3005	098.30	Chronic gonococcal infection of upper genitourinary tract, unspecified site
Relational Table 3003	098.31- 098.39	Chronic gonococcal infection of upper genitourinary tract, specified sites

----

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y109

Diagnosis Table 3005   099.50   Venereal diseases due to chlamydia trachomatis, unspecified site

Relational Table 3003   099.51-   Venereal diseases due to chlamydia trachomatis,
                               099.59   specified sites

V0241   Exclusive Check (if match, error) - Y110

Diagnosis Table 3005   099.9   Venereal disease, unspecified

Relational Table 3003   099.0-   Venereal disease, specified
                               099.8

V0241   Exclusive Check (if match, error) - Y111

Diagnosis Table 3005   100.9   Leptospirosis, unspecified

Relational Table 3003   100.0-   Leptospirosis, specified
                               100.8

V0241   Exclusive Check (if match, error) - Y112

Diagnosis Table 3005   102.9   Yaws, unspecified

Relational Table 3003   102.0-   Yaws, specified
                               102.8

V0241   Exclusive Check (if match, error) - Y113

Diagnosis Table 3005   103.9   Pinta, unspecified

Relational Table 3003   103.0-   Pinta, specified
                               103.8

V0241   Exclusive Check (if match, error) - Y114

Diagnosis Table 3005   104.9   Spirochetal infection, unspecified

Relational Table 3003   104.0-   Spirochetal infections, specified
                               104.8

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y115

| Diagnosis Table 3005 | 110.9 | Dermatophytosis, unspecified site |
| Relational Table 3003 | 110.0-110.8 | Dermatophytosis, specified sites |

V0241   Exclusive Check (if match, error) - Y116

| Diagnosis Table 3005 | 111.9 | Dermatomycosis, unspecified |
| Relational Table 3003 | 111.0-111.8 | Dermatomycosis, specified |

V0241   Exclusive Check (if match, error) - Y117

| Diagnosis Table 3005 | 112.9 | Candidiasis, unspecified site |
| Relational Table 3003 | 112.0-112.8 | Candidiasis, specified sites |

V0241   Exclusive Check (if match, error) - Y118

| Diagnosis Table 3005 | 114.9 | Coccidioidomycosis, unspecified |
| Relational Table 3003 | 114.0-114.5 | Coccidioidomycosis, specified |

V0241   Exclusive Check (if match, error) - Y119

| Diagnosis Table 3005 | 115.00 | Histoplasma capsulatum, without manifestation |
| Relational Table 3003 | 115.01-115.09 | Histoplasma capsulatum, with manifestation |

V0241   Exclusive Check (if match, error) - Y120

| Diagnosis Table 3005 | 115.10 | Histoplasma duboisII, with manifestation |
| Relational Table 3003 | 115.11-115.19 | Histoplasma duboisII, with manifestation |

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS**- CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y121

| Diagnosis Table 3005 | 115.9 | Histoplasmosis, unspecified |
| Relational Table 3003 | 115.0-115.1 | Histoplasmosis, specified |

V0241   Exclusive Check (if match, error) - Y122

| Diagnosis Table 3005 | 120.9 | Schistosomiasis, unspecified |
| Relational Table 3003 | 120.0-120.8 | Schistosomiasis, specified |

V0241   Exclusive Check (if match, error) - Y123

| Diagnosis Table 3005 | 121.9 | Trematode infection, unspecified |
| Relational Table 3003 | 121.0-121.8 | Trematode infection, specified |

V0241   Exclusive Check (if match, error) - Y124

| Diagnosis Table 3005 | 122.4 | Echinococcus granulosus, unspecified |
| Relational Table 3003 | 122.0-122.3 | Echinococcus granulosus, specified |

V0241   Exclusive Check (if match, error) - Y125

| Diagnosis Table 3005 | 122.7 | Echinococcus multilocularis infection, unspecified |
| Relational Table 3003 | 122.4-122.6 | Echinococcus multilocularis infection, specified |

V0241   Exclusive Check (if match, error) - Y126

| Diagnosis Table 3005 | 123.9 | Cestode infection, unspecified |
| Relational Table 3003 | 123.0-123.8 | Cestode infection, specified |

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y127

Diagnosis Table 3005	125.9	Filariasis, unspecified
Relational Table 3003	125.0- 125.7	Filariasis, specified

V0241   Exclusive Check (if match, error) - Y128

Diagnosis Table 3005	126.9	Ancylostomiasis and Necatoriasis, unspecified
Relational Table 3003 `	126.0- 126.8	Ancylostomiasis and Necatoriasis, specified

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V0241   Exclusive Check (if match, error) - Y129

Diagnosis Table 3005	127.9	Intestinal helminthiasis, unspecified
Relational Table 3003	127.0- 127.8	Intestinal helminthiasis, specified

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V0241   Exclusive Check (if match, error) - Y130

Diagnosis Table 3005	128.9	Helminth infection, unspecified
Relational Table 3003	128.0- 128.8	Helminth infections, specified

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V0241   Exclusive Check (if match, error) - Y131

Diagnosis Table 3005	130.9	Toxoplasmosis, unspecified
Relational Table 3003	130.0- 130.8	Toxoplasmosis, specified

V0241   Exclusive Check (if match, error) - Y132

Diagnosis Table 3005	131.00	Urogenital trichomoniasis, unspecified
Relational Table 3003	131.01- 131.09	Urogenital trichomoniasis, unspecified

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V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED

V0241   Exclusive Check (if match, error) - Y133

| Diagnosis Table 3005 | 131.9 | Trichomoniasis, unspecified |
| Relational Table 3003 | 131.0-
131.8 | Trichomoniasis, specified |

V0241   Exclusive Check (if match, error) - Y134

| Diagnosis Table 3005 | 132.9 | Pediculosis, unspecified |
| Relational Table 3003 | 132.0-
132.3 | Pediculosis, specified |

V0241   Exclusive Check (if match, error) - Y135

| Diagnosis Table 3005 | 133.9 | Acariasis, unspecified |
| Relational Table 3003 | 133.0-
133.8 | Acariasis, specified |

V0241   Exclusive Check (if match, error) - Y136

| Diagnosis Table 3005 | 134.9 | Infestation, unspecified |
| Relational Table 3003 | 134.0-
134.8 | Infestations, specified |

V0241   Exclusive Check (if match, error) - Y137

| Diagnosis Table 3005 | 136.9 | Infectious and parasitic diseases, unspecified |
| Relational Table 3003 | 136.0-
136.8 | Infectious and parasitic diseases, specified |

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0242   **UNSPECIFIED versus SPECIFIED TUMORS**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for tumors of the same site to be both unspecified and specified from the same category on the same record.

V0242   Exclusive Check (if match, error) - Y138

Diagnosis Table 3005   140.9   Tumor of lip, unspecified

Relational Table 3003   140.0-   Tumor of lip, specified
                              140.8

V0242   Exclusive Check (if match, error) - Y139

Diagnosis Table 3005   141.9   Tumor of tongue, unspecified

Relational Table 3003   141.0-   Tumor of tongue, specified
                              141.8

V0242   Exclusive Check (if match, error) - Y140

Diagnosis Table 3005   142.9   Tumor of salivary gland, unspecified

Relational Table 3003   142.0-   Tumor of salivary gland, specified
                              142.8

V0242   Exclusive Check (if match, error) - Y141

Diagnosis Table 3005   143.9   Tumor of gum, unspecified

Relational Table 3003   143.0-   Tumor of gum, specified
                              143.8

V0242   Exclusive Check (if match, error) - Y142

Diagnosis Table 3005   144.9   Tumor, floor of mouth, unspecified

Relational Table 3003   144.0-   Tumor, floor of mouth, specified
                              144.8

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242   Exclusive Check (if match, error) - Y143

Diagnosis Table 3005   145.5   Tumor of palate, unspecified

Relational Table 3003   145.2-   Tumor of palate, specified
                                145.3

V0242   Exclusive Check (if match, error) - Y144

Diagnosis Table 3005   145.9   Tumor of mouth, unspecified

Relational Table 3003   145.0-   Tumor of mouth, specified
                                145.8

V0242   Exclusive Check (if match, error) - Y145

Diagnosis Table 3005   146.9   Tumor of oropharynx, unspecified

Relational Table 3003   146.0-   Tumor of oropharynx, specified
                                146.8

V0242   Exclusive Check (if match, error) - Y146

Diagnosis Table 3005   147.9   Tumor of nasopharynx, unspecified

Relational Table 3003   147.0-   Tumor of nasopharynx, specified
                                147.8
                                148.8

V0242   Exclusive Check (if match, error) - Y147

Diagnosis Table 3005   148.9   Tumor of hypoharynx, unspecified

Relational Table 3003   148.0-   Tumor of hypopharynx, specified

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V0242   Exclusive Check (if match, error) - Y148

Diagnosis Table 3005   150.9   Tumor of esophagus, unspecified

Relational Table 3003   150.0-   Tumor of esophagus, specified
                                150.8

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242   Exclusive Check (if match, error) - Y149

| Diagnosis Table 3005 | 151.9 | Tumor of stomach, unspecified |
| Relational Table 3003 | 151.0-151.8 | Tumor of stomach, specified |

V0242   Exclusive Check (if match, error) - Y150

| Diagnosis Table 3005 | 152.9 | Tumor of small intestine, unspecified |
| Relational Table 3003 | 152.0-152.8 | Tumor of small intestine, specified |

V0242   Exclusive Check (if match, error) - Y151

| Diagnosis Table 3005 | 153.9 | Tumor of colon, unspecified |
| Relational Table 3003 | 153.0-153.8 | Tumor of colon, specified |

V0242   Exclusive Check (if match, error) - Y152

| Diagnosis Table 3005 | 156.9 | Tumor of biliary tract, unspecified |
| Relational Table 3003 | 156.0-156.8 | Tumor of biliary tract, specified |

V0242   Exclusive Check (if match, error) - Y153

| Diagnosis Table 3005 | 157.9 | Tumor of pancreas, part unspecified |
| Relational Table 3003 | 157.0-157.8 | Tumor of pancreas, part specified |

V0242   Exclusive Check (if match, error) - Y154

| Diagnosis Table 3005 | 158.9 | Tumor of peritoneum, unspecified |
| Relational Table 3003 | 158.0-158.8 | Tumor of peritoneum, specified |

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242   Exclusive Check (if match, error) - Y155

Diagnosis Table 3005   160.9   Tumor of accessory sinus, unspecified

Relational Table 3003   160.0-   Tumor of accessory sinus, specified
                              160.8

V0242   Exclusive Check (if match, error) - Y156

Diagnosis Table 3005   161.9   Tumor of larynx, unspecified

Relational Table 3003   161.0-   Tumor of larynx, specified
                              161.8

V0242   Exclusive Check (if match, error) - Y157

Diagnosis Table 3005   162.9   Tumor of bronchus and lung, unspecified

Relational Table 3003   162.0-   Tumor of bronchus and lung, specified
                              162.8

V0242   Exclusive Check (if match, error) - Y158

Diagnosis Table 3005   163.9   Tumor of pleura, unspecified

Relational Table 3003   163.0-   Tumor of pleura, specified
                              163.8

V0242   Exclusive Check (if match, error) - Y159

Diagnosis Table 3005   164.9   Tumor of mediastinum, part unspecified

Relational Table 3003   164.2-   Tumor of mediastinum, part specified
                              164.3

V0242   Exclusive Check (if match, error) - Y160

Diagnosis Table 3005   170.9   Tumor of bone and cartilage, unspecified

Relational Table 3003   170.0-   Tumor of bone and cartilage, specified
                              170.8

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242   Exclusive Check (if match, error) - Y161

Diagnosis Table 3005	171.9	Tumor of connective and other soft tissue, unspecified site
Relational Table 3003	171.0-171.8	Tumor of connective and other soft tissue, specified site

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V0242   Exclusive Check (if match, error) - Y162

Diagnosis Table 3005	172.9	Melanoma of skin, unspecified site
Relational Table 3003	172.0-172.8	Melanoma of skin, specified sites

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V0242   Exclusive Check (if match, error) - Y163

Diagnosis Table 3005	173.9	Tumor of skin, unspecified site
Relational Table 3003	173.0-173.8	Tumor of skin, specified sites

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V0242   Exclusive Check (if match, error) - Y164

Diagnosis Table 3005	174.9	Tumor of breast, unspecified
Relational Table 3003	174.0-174.8	Tumor of breast, specified

V0242   Exclusive Check (if match, error) - Y165

Diagnosis Table 3005	176.9	Kaposi's sarcoma, unspecified site
Relational Table 3003	176.0-176.8	Kaposi's sarcoma, specified sites

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V0242   Exclusive Check (if match, error) - Y166

Diagnosis Table 3005	180.9	Tumor of cervix uteri, unspecified
Relational Table 3003	180.0-180.8	Tumor of cervix uteri, specified

----

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242   Exclusive Check (if match, error) - Y167

Diagnosis Table 3005	183.9	Tumor of uterine adnexa, unspecified
Relational Table 3003	183.0- 183.9	Tumor of uterine adnexa, specified

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V0242   Exclusive Check (if match, error) - Y168

Diagnosis Table 3005	184.9	Tumor of female genital organ, unspecified site
Relational Table 3003	184.0- 184.8	Tumor of female genital organ, specified sites

----

V0242   Exclusive Check (if match, error) - Y169

Diagnosis Table 3005	187.9	Tumor of male genital organ, unspecified site
Relational Table 3003	187.1- 187.9	Tumor of male genital organ, specified sites

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V0242   Exclusive Check (if match, error) - Y170

Diagnosis Table 3005	188.9	Tumor of bladder, unspecified part
Relational Table 3003	188.0- 188.8	Tumor of bladder, specified part

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V0242   Exclusive Check (if match, error) - Y171

Diagnosis Table 3005	189.9	Tumor of urinary organ, unspecified site
Relational Table 3003	189.0- 189.8	Tumor of urinary organ, specified sites

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V0242   Exclusive Check (if match, error) - Y172

Diagnosis Table 3005	190.9	Tumor of eye, unspecified part
Relational Table 3003	190.0- 190.8	Tumor of eye, specified part

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V0242 **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242 Exclusive Check (if match, error) - Y173

| Diagnosis Table 3005 | 191.9 | Tumor of brain, unspecified |
| Relational Table 3003 | 191.0-191.8 | Tumor of brain, specified |

V0242 Exclusive Check (if match, error) - Y174

| Diagnosis Table 3005 | 192.9 | Tumor of nervous system, unspecified part |
| Relational Table 3003 | 192.0-192.8 | Tumor of nervous system, specified part |

V0242 Exclusive Check (if match, error) - Y175

| Diagnosis Table 3005 | 194.9 | Tumor of endocrine gland, unspecified site |
| Relational Table 3003 | 194.0-194.8 | Tumor of endocrine gland, specified sites |

V0242 Exclusive Check (if match, error) - Y176

| Diagnosis Table 3005 | 196.9 | Tumor of lymph nodes, unspecified site |
| Relational Table 3003 | 196.0-196.8 | Tumor of lymph nodes, specified sites |

~~V0242 Exclusive Check (if match, error) - Y177~~ *discontinued 1/1/99*

| Diagnosis Table 3005 | 200.00 | Reticulosarcoma, unspecified site |
| Relational Table 3003 | 200.01-200.08 | Reticulosarcoma, specified site |

~~V0242 Exclusive Check (if match, error) - Y178~~ *discontinued 1/1/99*

| Diagnosis Table 3005 | 200.10 | Lymphosarcoma, unspecified site |
| Relational Table 3003 | 200.11-200.18 | Lymphosarcoma, specified site |

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242   Exclusive Check (if match, error)   Y179 *discontinued 1/1/99*

| Diagnosis Table 3005 | 200.20 | Burkitt's tumor or lymphoma, unspecified site |
| Relational Table 3003 | 200.21-200.28 | Burkitt's tumor or lymphoma, specified site |

V0242   Exclusive Check (if match, error)   Y180 *discontinued 1/1/99*

| Diagnosis Table 3005 | 200.80 | Lymphosarcoma, unspecified site |
| Relational Table 3003 | 200.81-200.88 | Lymphosarcoma, specified site |

V0242   Exclusive Check (if match, error)   Y181 *discontinued 1/1/99*

| Diagnosis Table 3005 | 201.00 | Hodgkin's paragranuloma, unspecified site |
| Relational Table 3003 | 201.01-201.08 | Hodgkin's paragranuloma, specified site |

V0242   Exclusive Check (if match, error)   Y182 *discontinued 1/1/99*

| Diagnosis Table 3005 | 201.10 | Hodgkin's granuloma, unspecified site |
| Relational Table 3003 | 201.11-201.18 | Hodgkin's granuloma, specified site |

V0242   Exclusive Check (if match, error)   Y183 *discontinued 1/1/99*

| Diagnosis Table 3005 | 201.20 | Hodgkin's sarcoma, unspecified site |
| Relational Table 3003 | 201.21-201.28 | Hodgkin's sarcoma, specified site |

V0242   Exclusive Check (if match, error)   Y184 *discontinued 1/1/99*

| Diagnosis Table 3005 | 201.40 | Lymphocytic-histiocytic Hodgkin, unspecified site |
| Relational Table 3003 | 201.41-201.48 | Lymphocytic-histiocytic Hodgkin, specified site |

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

~~V0242   Exclusive Check (if match, error) - Y185~~ *discontinued 1/1/99*

Diagnosis Table 3005   201.50   Nodular sclerosis Hodgkin, unspecified site

Relational Table 3003   201.51-   Nodular sclerosis Hodgkin, specified site
                                201.58

~~V0242   Exclusive Check (if match, error) - Y186~~ *discontinued 1/1/99*

Diagnosis Table 3005   201.60   Mixed cellularity Hodgkin, unspecified site

Relational Table 3003   201.61-   Mixed cellularity Hodgkin, specified site
                                201.68

~~V0242   Exclusive Check (if match, error) - Y187~~ *discontinued 1/1/99*

Diagnosis Table 3005   201.70   Lymphocytic depletion Hodgkin, unspecified site

Relational Table 3003   201.71-   Lymphocytic depletion Hodgkin, specified site
                                201.78

V0242   Exclusive Check (if match, error) - Y188

Diagnosis Table 3005   201.9   Hodgkin's disease, unspecified

Relational Table 3003   201.0-   Hodgkin's disease, specified
                                201.7

~~V0242   Exclusive Check (if match, error) - Y189~~ *discontinued 1/1/99*

Diagnosis Table 3005   202.00   Nodular lymphoma, unspecified site

Relational Table 3003   202.01-   Nodular lymphoma, specified site
                                202.08

~~V0242   Exclusive Check (if match, error) - Y190~~ *discontinued 1/1/99*

Diagnosis Table 3005   202.10   Mycosis fungoides, unspecified site

Relational Table 3003   202.11-   Mycosis fungoides, specified site
                                202.18

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

~~V0242~~   ~~Exclusive Check (if match, error) - Y191~~ *discontinued 1/1/99*

Diagnosis Table 3005	202.20	Sezary's disease, unspecified site
Relational Table 3003	202.21- 202.28	Sezary's disease, specified site

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~~V0242~~   ~~Exclusive Check (if match, error) - Y192~~ *discontinued 1/1/99*

Diagnosis Table 3005	202.30	Malignant histiocytosis, unspecified site
Relational Table 3003	202.31- 202.38	Malignant histiocytosis, specified site

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~~V0242~~   ~~Exclusive Check (if match, error) - Y193~~ *discontinued 1/1/99*

Diagnosis Table 3005	202.40	Leukemic reticuloendotheliosis, unspecified site
Relational Table 3003	202.41- 202.48	Leukemic reticuloendotheliosis, specified site

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~~V0242~~   ~~Exclusive Check (if match, error) - Y194~~ *discontinued 1/1/99*

Diagnosis Table 3005	202.50	Letterer-siwe disease, unspecified site
Relational Table 3003	202.51- 202.58	Letterer-siwe disease, specified site

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~~V0242~~   ~~Exclusive Check (if match, error) - Y195~~ *discontinued 1/1/99*

Diagnosis Table 3005	202.60	Malignant mast cell tumors, unspecified site
Relational Table 3003	202.61- 202.68	Malignant mast cell tumors, specified site

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~~V0242~~   ~~Exclusive Check (if match, error) - Y196~~ *discontinued 1/1/99*

Diagnosis Table 3005	202.80	Lymphomas, unspecified site
Relational Table 3003	202.81- 202.88	Lymphomas, specified site

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V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242   Exclusive Check (if match, error) - Y198

| Diagnosis Table 3005 | 204.9 | Lymphoid leukemia, unspecified |
| Relational Table 3003 | 204.0-
204.8 | Lymphoid leukemia, specified |

V0242   Exclusive Check (if match, error) - Y199

| Diagnosis Table 3005 | 205.9 | Myeloid leukemia, unspecified |
| Relational Table 3003 | 205.0-
205.8 | Myeloid leukemia, specified |

V0242   Exclusive Check (if match, error) - Y200

| Diagnosis Table 3005 | 206.9 | Monocytic leukemia, unspecified |
| Relational Table 3003 | 206.0-
206.8 | Monocytic leukemia, specified |

V0242   Exclusive Check (if match, error) - Y201

| Diagnosis Table 3005 | 208.9 | Leukemia, unspecified |
| Relational Table 3003 | 208.0-
208.8 | Leukemia, specified |

V0242   Exclusive Check (if match, error) - Y208

| Diagnosis Table 3005 | 218.9 | Leiomyoma of uterus, unspecified |
| Relational Table 3003 | 218.0-
218.2 | Leiomyoma of uterus, specified |

V0242   Exclusive Check (if match, error) - Y209

| Diagnosis Table 3005 | 219.9 | Benign tumor of uterus, unspecified part |
| Relational Table 3003 | 219.0-
219.8 | Benign tumor of uterus, specified part |

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242   Exclusive Check (if match, error) - Y210

| Diagnosis Table 3005 | 221.9 | Benign tumor of female genital organ, unspecified site |
| Relational Table 3003 | 221.0-221.8 | Benign tumor of female genital organ, specified site |

V0242   Exclusive Check (if match, error) - Y211

| Diagnosis Table 3005 | 222.9 | Benign tumor of male genital organ, unspecified site |
| Relational Table 3003 | 222.0-222.8 | Benign tumor of male genital organ, specified site |

V0242   Exclusive Check (if match, error) - Y220

| Diagnosis Table 3005 | 237.70 | Neurofibromatosis, unspecified |
| Relational Table 3003 | 237.71-237.72 | Neurofibromatosis, specified |

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0243   **UNSPECIFIED versus SPECIFIED ENDOCRINE DISEASE**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for the endocrine disease to be both unspecified and specified from the same category on the same record.

V0243   Exclusive Check (if match, error) - Y221

| Diagnosis Table 3005 | 240.9 | Goiter, unspecified |
| Relational Table 3003 | 240.0 | Goiter, specified |

V0243   Exclusive Check (if match, error) - Y222

| Diagnosis Table 3005 | 241.9 | Nontoxic nodular goiter, unspecified |
| Relational Table 3003 | 241.0-
241.1 | Nontoxic nodular goiter, specified |

V0243   Exclusive Check (if match, error) - Y223

| Diagnosis Table 3005 | 242.3 | Toxic nodular goiter, unspecified |
| Relational Table 3003 | 242.0-
242.2 | Toxic nodular goiter, specified |

V0243   Exclusive Check (if match, error) - Y224

| Diagnosis Table 3005 | 242.9 | Thyrotoxicosis without goiter |
| Relational Table 3003 | 242.0-
242.8 | Thyrotoxicosis with goiter |

V0243   Exclusive Check (if match, error) - Y225

| Diagnosis Table 3005 | 244.9 | Hypothyroidism, unspecified |
| Relational Table 3003 | 244.0-
244.8 | Hypothyroidism, specified |

V0243   **UNSPECIFIED versus SPECIFIED ENDOCRINE DISEASE** - CONTINUED
(see guideline on page 278)

V0243   Exclusive Check (if match, error) - Y226

Diagnosis Table 3005	245.9	Thyroiditis, unspecified
Relational Table 3003	245.0- 245.8	Thyroiditis, specified

V0243   Exclusive Check (if match, error) - Y227

Diagnosis Table 3005	246.9	Thyroid disorder, unspecified
Relational Table 3003	246.0- 246.8	Thyroid disorder, specified

---

V0243   Exclusive Check (if match, error) - Y228

Diagnosis Table 3005	251.2	Hypoglycemia, unspecified
Relational Table 3003	51.0- 251.1	Hypoglycemia, specified

V0243   Exclusive Check (if match, error) - Y229

Diagnosis Table 3005	251.9	Disorder of pancreatic internal secretion, unspecified
Relational Table 3003	251.4- 251.8	Disorder of pancreatic internal secretion, specified

---

V0243   Exclusive Check (if match, error) - Y230

Diagnosis Table 3005	252.9	Disorder of parathyroid gland, unspecified
Relational Table 3003	252.0- 252.8	Disorder of parathyroid gland, specified

---

V0243   Exclusive Check (if match, error) - Y231

Diagnosis Table 3005	253.9	Disorder of pituitary gland, unspecified
Relational Table 3003	253.0- 253.8	Disorder of pituitary gland, specified

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V0243   **UNSPECIFIED versus SPECIFIED ENDOCRINE DISEASE** - CONTINUED
(see guideline on page 278)

V0243	Exclusive Check (if match, error) - Y232		

Diagnosis Table 3005	254.9	Disease of Thymus gland, unspecified
Relational Table 3003	254.0- 254.8	Disease of Thymus gland, specified

----

V0243	Exclusive Check (if match, error) - Y233

Diagnosis Table 3005	255.9	Disorder of adrenal gland, unspecified
Relational Table 3003	255.0- 255.8	Disorder of adrenal gland, specified

----

V0243	Exclusive Check (if match, error) - Y234

Diagnosis Table 3005	256.9	Ovarian dysfunction, unspecified
Relational Table 3003	256.0- 256.8	Ovarian dysfunction, specified

----

V0243	Exclusive Check (if match, error) - Y235

Diagnosis Table 3005	257.9	Testicular dysfunction, unspecified
Relational Table 3003	257.0- 257.8	Testicular dysfunction, specified

----

V0243	Exclusive Check (if match, error) - Y236

Diagnosis Table 3005	258.9	Polyglandular dysfunction, unspecified
Relational Table 3003	258.0- 258.8	Polyglandular dysfunction, specified

----

V0243	Exclusive Check (if match, error) - Y238

Diagnosis Table 3005	263.9	Malnutrition, unspecified
Relational Table 3003	263.0- 263.8	Malnutrition, specified

V0243   **UNSPECIFIED versus SPECIFIED ENDOCRINE DISEASE** - CONTINUED
(see guideline on page 278)

V0243	Exclusive Check (if match, error) - Y239

Diagnosis Table 3005	264.9	Vitamin A deficiency, unspecified

Relational Table 3003	264.0-264.8	Vitamin A deficiency, specified

----

V0243	Exclusive Check (if match, error) - Y240

Diagnosis Table 3005	266.9	Vitamin B deficiency, unspecified

Relational Table 3003	266.0-266.2	Vitamin B deficiency, specified

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V0243	Exclusive Check (if match, error) - Y241

Diagnosis Table 3005	268.9	Vitamin D deficiency, unspecified

Relational Table 3003	268.0-268.2	Vitamin D deficiency, specified

----

V0243	Exclusive Check (if match, error) - Y242

Diagnosis Table 3005	269.9	Nutritional deficiency, unspecified

Relational Table 3003	269.0-269.8	Nutritional deficiency, specified

----

V0243	Exclusive Check (if match, error) - Y243

Diagnosis Table 3005	270.9	Disorder of amino-acid metabolism, unspecified

Relational Table 3003	270.0-270.8	Disorder of amino-acid metabolism, specified

----

V0243	Exclusive Check (if match, error) - Y244

Diagnosis Table 3005	271.9	Disorder of carbohydrate transport and metabolism, unspecified

Relational Table 3003	271.0-271.8	Disorder of carbohydrate transport and metabolism, specified

----

V0243   **UNSPECIFIED versus SPECIFIED ENDOCRINE DISEASE** - CONTINUED
(see guideline on page 278)

V0243   Exclusive Check (if match, error) - Y245

| Diagnosis Table 3005 | 272.9 | Disorder of lipoid metabolism, unspecified |
| Relational Table 3003 | 272.0-
272.8 | Disorder of lipoid metabolism, specified |

V0243   Exclusive Check (if match, error) - Y246

| Diagnosis Table 3005 | 273.9 | Disorder of plasma protein metabolism, unspecified |
| Relational Table 3003 | 273.0-
273.8 | Disorder of plasma protein metabolism, specified |

V0243   Exclusive Check (if match, error) - Y247

| Diagnosis Table 3005 | 274.10 | Gouty nephropathy, unspecified |
| Relational Table 3003 | 274.19 | Gouty nephropathy, specified |

V0243   Exclusive Check (if match, error) - Y248

| Diagnosis Table 3005 | 274.9 | Gout, unspecified |
| Relational Table 3003 | 274.0-
274.8 | Gout, specified |

V0243   Exclusive Check (if match, error) - Y249

| Diagnosis Table 3005 | 275.9 | Disorder of mineral metabolism, unspecified |
| Relational Table 3003 | 275.0-
275.8 | Disorder of mineral metabolism, specified |

V0243   Exclusive Check (if match, error) - Y250

| Diagnosis Table 3005 | 277.9 | Disorder of metabolism, unspecified |
| Relational Table 3003 | 277.0-
277.8 | Disorder of metabolism, specified |

V0243   **UNSPECIFIED versus SPECIFIED ENDOCRINE DISEASE** - CONTINUED
(see guideline on page 278)

V0243	Exclusive Check (if match, error) - R096		

Diagnosis Table 3005	278.00	Obesity, unspecified
Relational Table 3003	278.01	Obesity, specified

V0243	Exclusive Check (if match, error) - Y252

Diagnosis Table 3005	279.00	Hypogammaglobulinemia, unspecified
Relational Table 3003	279.01- 279.09	Hypogammaglobulinemia, specified

----

V0243	Exclusive Check (if match, error) - Y253

Diagnosis Table 3005	279.10	Immunodeficiency with T-cell, unspecified
Relational Table 3003	279.11- 279.19	Immunodeficiency with T-cell, specified

----

V0243	Exclusive Check (if match, error) - Y254

Diagnosis Table 3005	279.3	Immunity deficiency, unspecified
Relational Table 3003	279.1- 279.2	Immunity deficiency, specified

----

V0243	Exclusive Check (if match, error) - Y255

Diagnosis Table 3005	279.9	Disorder of immune mechanism, unspecified
Relational Table 3003	279.0- 279.8	Disorder of immune mechanism, specified

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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0244   **UNSPECIFIED versus SPECIFIED BLOOD DIAGNOSIS**
              new 1/1/97
Guideline: A code for an unspecified condition is never assigned when a more specific code from the same
              category is also assigned.

              It is illogical for the blood diagnoses to be both unspecified and specified from the same category
              on the same record.

V0244	Exclusive Check (if match, error) - Y256	
Diagnosis Table 3005	280.9	Iron deficiency anemia, unspecified
Relational Table 3003	280.0-280.8	Iron deficiency anemia, specified

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V0244	Exclusive Check (if match, error) - Y257	
Diagnosis Table 3005	281.9	Deficiency anemia, unspecified
Relational Table 3003	281.0-281.8	Deficiency anemia, specified

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V0244	Exclusive Check (if match, error) - Y258	
Diagnosis Table 3005	282.60	Sickle-cell anemia, unspecified
Relational Table 3003	282.61-282.69	Sickle-cell anemia, specified

---

V0244	Exclusive Check (if match, error) - Y259	
Diagnosis Table 3005	282.9	Hereditary hemolytic anemia, unspecified
Relational Table 3003	282.0-282.8	Hereditary hemolytic anemia, specified

---

V0244	Exclusive Check (if match, error) - Y260	
Diagnosis Table 3005	283.9	Acquired hemolytic anemia, unspecified
Relational Table 3003	283.0-283.2	Acquired hemolytic anemia, specified

---

V0244   **UNSPECIFIED versus SPECIFIED BLOOD DIAGNOSIS** - CONTINUED
(see guideline on page 284)

| V0244 | Exclusive Check (if match, error) - Y261 | |

Diagnosis Table 3005	283.10	Non-autoimmune hemolytic anemia, unspecified
Relational Table 3003	283.11- 283.19	Non-autoimmune hemolytic anemia, specified

----
| V0244 | Exclusive Check (if match, error) - Y262 | |

Diagnosis Table 3005	284.9	Aplastic anemia, unspecified
Relational Table 3003	284.0- 284.8	Aplastic anemia, specified

----
| V0244 | Exclusive Check (if match, error) - Y263 – **Turned off** – wait for Coding Clinic | |

Diagnosis Table 3005	285.9	Anemia, unspecified
Relational Table 3003	285.0- 285.8	Anemia, specified

| V0244 | Exclusive Check (if match, error) - Y264 | |

Diagnosis Table 3005	287.5	Thromboytopenia, unspecified
Relational Table 3003	287.3- 287.4	Thromboytopenia, specified

----
| V0244 | Exclusive Check (if match, error) - Y265 | |

Diagnosis Table 3005	287.9	Hemorrhagic conditions, unspecified
Relational Table 3003	287.0- 287.8	Hemorrhagic conditions, specified

----
| V0244 | Exclusive Check (if match, error) - Y266 | |

Diagnosis Table 3005	288.9	Disease of white blood cells, unspecified
Relational Table 3003	288.0- 288.8	Disease of white blood cells, specified

----

V0244   **UNSPECIFIED versus SPECIFIED BLOOD DIAGNOSIS** - CONTINUED
             (see guideline on page 284)

V0244   Exclusive Check (if match, error) - Y267

Diagnosis Table 3005   289.50   Disease of spleen, unspecified

Relational Table 3003   289.51-   Disease of spleen, specified
                               289.59

V0244   Exclusive Check (if match, error) - Y268

Diagnosis Table 3005   289.9   Disease of blood and blood-forming organs, unspecified

Relational Table 3003   289.0-   Disease of blood and blood-forming organs, specified
                               289.8

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

                Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for the psych or drug diagnosis to be unspecified and specified from the same category on the same record.

V0245   Exclusive Check (if match, error) - Y269

| Diagnosis Table 3005 | 290.10 | Presenile dementia, uncomplicated |
| Relational Table 3003 | 290.11-
290.13 | Presenile dementia, complicated |

V0245   Exclusive Check (if match, error) - Y270

| Diagnosis Table 3005 | 290.0 | Senile dementia, uncomplicated |
| Relational Table 3003 | 290.2-
290.3
290.8-
290.9 | Senile dementia, complicated |

V0245   Exclusive Check (if match, error) - Y271

| Diagnosis Table 3005 | 290.40 | Arteriosclerosis dementia, uncomplicated |
| Relational Table 3003 | 290.41-
290.43 | Arteriosclerosis dementia, complicated |

V0245   Exclusive Check (if match, error) - Y277

| Diagnosis Table 3005 | 290.9 | Senile psychotic condition, unspecified |
| Relational Table 3003 | 290.0-
290.8 | Senile psychotic condition, specified |

V0245   Exclusive Check (if match, error) - Y278

| Diagnosis Table 3005 | 291.9 | Alcoholic psychosis, unspecified |
| Relational Table 3003 | 291.0-
291.8 | Alcoholic psychosis, specified |

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245	Exclusive Check (if match, error) - Y279

Diagnosis Table 3005	292.9	Drug-induced mental disorder, unspecified
Relational Table 3003	292.0- 292.8	Drug-induced mental disorder, specified

---

V0245	Exclusive Check (if match, error) - Y280

Diagnosis Table 3005	293.9	Transient organic mental disoder, unspecified
Relational Table 3003	293.0- 293.8	Transient organic mental disoder, specified

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V0245	Exclusive Check (if match, error) - Y281

Diagnosis Table 3005	294.9	Brain syndrome, unspecified
Relational Table 3003	294.0- 294.8	Brain syndrome, specified

V0245	Exclusive Check (if match, error) - R110

Diagnosis Table 3005	295.x0	Schizophrenic, unspecified type
Relational Table 3003	295.x1- 295.x5	Schizophrenic, specified type

---

V0245	Exclusive Check (if match, error) - Y282

Diagnosis Table 3005	295.9	Schizophrenic disorders, unspecified
Relational Table 3003	295.0- 295.8	Schizophrenic disorders, specified

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V0245	Exclusive Check (if match, error) - Y089

Diagnosis Table 3005	295.00	Schizophrenic, simple type, unspecified
Relational Table 3003	295.01- 295.05	Schizophrenic, simple type, specified

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V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245	Exclusive Check (if match, error) - Y197

Diagnosis Table 3005	295.10	Schizophrenic, disorganized type, unspecified
Relational Table 3003	295.11- 295.15	Schizophrenic, disorganized type, specified

---

V0245	Exclusive Check (if match, error) - Y202

Diagnosis Table 3005	295.20	Schizophrenic, catatonic type, unspecified
Relational Table 3003	295.21- 295.25	Schizophrenic, catatonic type, specified

---

V0245	Exclusive Check (if match, error) - Y203

Diagnosis Table 3005	295.30	Schizophrenic, paranoid type, unspecified
Relational Table 3003	295.31- 295.35	Schizophrenic, paranoid type, specified

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V0245	Exclusive Check (if match, error) - Y204

Diagnosis Table 3005	295.40	Acute Schizophrenic episode, unspecified
Relational Table 3003	295.41- 295.45	Acute Schizophrenic episode, specified

---

V0245	Exclusive Check (if match, error) - Y205

Diagnosis Table 3005	295.50	Latent Schizophrenic episode, unspecified
Relational Table 3003	295.51- 295.55	Latent Schizophrenic episode, specified

---

V0245	Exclusive Check (if match, error) - Y206

Diagnosis Table 3005	295.60	Residual Schizophrenic episode, unspecified
Relational Table 3003	295.61- 295.65	Residual Schizophrenic episode, specified

---

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245	Exclusive Check (if match, error) - Y207	

Diagnosis Table 3005	295.70	Schizo-affective type, unspecified
Relational Table 3003	295.71- 295.75	Schizo-affective type, specified

----

V0245	Exclusive Check (if match, error) - Y212	

Diagnosis Table 3005	295.80	Schizophrenia, other types, unspecified
Relational Table 3003	295.81- 295.85	Schizophrenia, other types, specified

----

V0245	Exclusive Check (if match, error) - Y213	

Diagnosis Table 3005	296.00	Manic disorder, single episode, unspecified
Relational Table 3003	296.01- 296.05	Manic disorder, single episode, specified

----

V0245	Exclusive Check (if match, error) - Y214	

Diagnosis Table 3005	296.10	Manic disorder, recurrent episode, unspecified
Relational Table 3003	296.11- 296.15	Manic disorder, recurrent episode, specified

----

V0245	Exclusive Check (if match, error) - Y215	

Diagnosis Table 3005	296.20	Major depressive disorder, single episode, unspecified
Relational Table 3003	296.21- 296.25	Major depressive disorder, single episode, specified

----

V0245	Exclusive Check (if match, error) - Y216	

Diagnosis Table 3005	296.30	Major depressive disorder, recurrent episode, unspecified
Relational Table 3003	296.31- 296.35	Major depressive disorder, recurrent episode, specified

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V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245	Exclusive Check (if match, error) - Y217

Diagnosis Table 3005	296.40	Bipolar affective disorder, manic, unspecified

Relational Table 3003	296.41-296.45	Bipolar affective disorder, manic, specified

---

V0245	Exclusive Check (if match, error) - Y218

Diagnosis Table 3005	296.50	Bipolar affective disorder, depressed, unspecified

Relational Table 3003	296.51-296.55	Bipolar affective disorder, depressed, specified

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V0245	Exclusive Check (if match, error) - Y219

Diagnosis Table 3005	296.60	Bipolar affective disorder, mixed, unspecified

Relational Table 3003	296.61 296.65	Bipolar affective disorder, mixed, specified

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V0245	Exclusive Check (if match, error) - Y283

Diagnosis Table 3005	297.9	Paranoid state, unspecified

Relational Table 3003	297.0-297.8	Paranoid state, specified

V0245	Exclusive Check (if match, error) - Y284

Diagnosis Table 3005	298.9	Psychosis, unspecified

Relational Table 3003	298.0-298.8	Psychosis, specified

V0245	Exclusive Check (if match, error) - Y286

Diagnosis Table 3005	300.10	Hysteria, unspecified

Relational Table 3003	300.11-300.15	Hysteria, specified

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245   Exclusive Check (if match, error) - Y287

Diagnosis Table 3005   300.20   Phobia, unspecified

Relational Table 3003   300.21-   Phobia, specified
                               300.29

V0245   Exclusive Check (if match, error) - Y288

Diagnosis Table 3005   300.9   Neurotic disorder, unspecified

Relational Table 3003   300.0-   Neurotic disorder, specified
                               300.8

V0245   Exclusive Check (if match, error) - Y289

Diagnosis Table 3005   301.10   Affective personality disorder, unspecified

Relational Table 3003   301.11-   Affective personality disorder, specified
                               301.13

V0245   Exclusive Check (if match, error) - Y290

Diagnosis Table 3005   301.20   Schizoid personality disorder, unspecified

Relational Table 3003   301.21-   Schizoid personality disorder, specified
                               301.22

V0245   Exclusive Check (if match, error) - Y291

Diagnosis Table 3005   301.50   Histrionic personality disorder, unspecified

Relational Table 3003   301.51-   Histrionic personality disorder, specified
                               301.59

V0245   Exclusive Check (if match, error) - Y292

Diagnosis Table 3005   301.9   Personality disorder, unspecified

Relational Table 3003   301.0-   Personality disorder, specified
                               301.8

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245   Exclusive Check (if match, error) - Y293

| Diagnosis Table 3005 | 302.50 | Trans-sexualism, unspecified sex history |
| Relational Table 3003 | 302.51-
302.53 | Trans-sexualism, specified sex history |

V0245   Exclusive Check (if match, error) - Y294

| Diagnosis Table 3005 | 302.9 | Psychosexual disorder, unspecified |
| Relational Table 3003 | 302.0-
302.8 | Psychosexual disorder, specified |

V0245   Exclusive Check (if match, error) - Y295

| Diagnosis Table 3005 | 302.70 | Psychosexual dysfunction, unspecified |
| Relational Table 3003 | 302.71-
302.79 | Psychosexual dysfunction, specified |

V0245   Exclusive Check (if match, error) - Y406

| Diagnosis Table 3005 | 303.00 | Acute alcoholic intoxication, unspecified |
| Relational Table 3003 | 303.01-
303.03 | Acute alcoholic intoxication, specified |

V0245   Exclusive Check (if match, error) - Y407

| Diagnosis Table 3005 | 303.90 | Chronic alcoholic intoxication, unspecified |
| Relational Table 3003 | 303.91-
303.93 | Chronic alcoholic intoxication, specified |

V0245   Exclusive Check (if match, error) - Y408

| Diagnosis Table 3005 | 304.00 | Opioid dependence, unspecified |
| Relational Table 3003 | 304.01-
304.03 | Opioid dependence, specified |

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245	Exclusive Check (if match, error) - Y409	

Diagnosis Table 3005	304.10	Barbiturate dependence, unspecified
Relational Table 3003	304.11- 304.13	Barbiturate dependence, specified

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V0245	Exclusive Check (if match, error) - Y410	

Diagnosis Table 3005	304.20	Cocaine dependence, unspecified
Relational Table 3003	304.21- 304.23	Cocaine dependence, specified

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V0245	Exclusive Check (if match, error) - Y411	

Diagnosis Table 3005	304.30	Cannibis dependence, unspecified
Relational Table 3003	304.31- 304.33	Cannibis dependence, specified

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V0245	Exclusive Check (if match, error) - Y412	

Diagnosis Table 3005	304.40	Amphetamine dependence, unspecified
Relational Table 3003	304.41- 304.43	Amphetamine dependence, specified

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V0245	Exclusive Check (if match, error) - Y413	

Diagnosis Table 3005	304.50	Hallucinogen dependence, unspecified
Relational Table 3003	304.51- 304.53	Hallucinogen dependence, specified

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V0245	Exclusive Check (if match, error) - Y414	

Diagnosis Table 3005	304.60	Other drug dependence, unspecified
Relational Table 3003	304.61- 304.63	Other drug dependence, specified

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V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245	Exclusive Check (if match, error) - Y415

Diagnosis Table 3005	304.70	Other drug/opioid dependence, unspecified
Relational Table 3003	304.71- 304.73	Other drug/opioid dependence, specified

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V0245	Exclusive Check (if match, error) - Y416

Diagnosis Table 3005	304.80	Other drug without opioid dependence, unspecified
Relational Table 3003	304.81- 304.83	Other drug without opioid dependence, specified

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V0245	Exclusive Check (if match, error) - Y296

Diagnosis Table 3005	304.9	Drug dependence, unspecified
Relational Table 3003	304.0- 304.8	Drug dependence, specified

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V0245	Exclusive Check (if match, error) - Y417

Diagnosis Table 3005	305.00	Alcohol abuse, unspecified
Relational Table 3003	305.01- 305.03	Alcohol abuse, specified

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V0245	Exclusive Check (if match, error) - Y418

Diagnosis Table 3005	305.20	Cannabis abuse, unspecified
Relational Table 3003	305.21- 305.23	Cannabis abuse, specified

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V0245	Exclusive Check (if match, error) - Y419

Diagnosis Table 3005	305.30	Hallucinogen abuse, unspecified
Relational Table 3003	305.31- 305.33	Hallucinogen abuse, specified

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V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245   Exclusive Check (if match, error) - Y420

| Diagnosis Table 3005 | 305.40 | Barbiturate abuse, unspecified |
| Relational Table 3003 | 305.41-
305.43 | Barbiturate abuse, specified |

V0245   Exclusive Check (if match, error) - Y421

| Diagnosis Table 3005 | 305.50 | Opioid abuse, unspecified |
| Relational Table 3003 | 305.51-
305.53 | Opioid abuse, specified |

V0245   Exclusive Check (if match, error) - Y422

| Diagnosis Table 3005 | 305.60 | Cocaine abuse, unspecified |
| Relational Table 3003 | 305.61-
305.63 | Cocaine abuse, specified |

V0245   Exclusive Check (if match, error) - Y423

| Diagnosis Table 3005 | 305.70 | Amphetamine abuse, unspecified |
| Relational Table 3003 | 305.71-
305.73 | Amphetamine abuse, specified |

V0245   Exclusive Check (if match, error) - Y424

| Diagnosis Table 3005 | 305.80 | Antidepressant abuse, unspecified |
| Relational Table 3003 | 305.81-
305.83 | Antidepressant abuse, specified |

V0245   Exclusive Check (if match, error) - Y297

| Diagnosis Table 3005 | 306.50 | Psychogenic genitourinary malfunction, unspecified |
| Relational Table 3003 | 306.51-
306.59 | Psychogenic genitourinary malfunction, specified |

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245	Exclusive Check (if match, error) - Y298	

Diagnosis Table 3005	306.9	Psychophysiological malfunction, unspecified
Relational Table 3003	306.0- 306.8	Psychophysiological malfunction, specified

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V0245	Exclusive Check (if match, error) - Y299

Diagnosis Table 3005	307.20	Tic disorder, unspecified
Relational Table 3003	307.21- 307.23	Tic disorder, specified

V0245	Exclusive Check (if match, error) - Y300

Diagnosis Table 3005	307.40	Nonorganic sleep disorder, unspecified
Relational Table 3003	307.41- 307.49	Nonorganic sleep disorder, specified

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V0245	Exclusive Check (if match, error) - Y301

Diagnosis Table 3005	307.50	Eating disorder, unspecified
Relational Table 3003	307.51- 307.59	Eating disorder, specified

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V0245	Exclusive Check (if match, error) - Y302

Diagnosis Table 3005	308.9	Acute reaction to stress, unspecified
Relational Table 3003	308.0- 308.4	Acute reaction to stress, specified

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V0245	Exclusive Check (if match, error) - Y303

Diagnosis Table 3005	309.9	Adjustment reaction, unspecified
Relational Table 3003	309.0- 309.8	Adjustment reaction, unspecified

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V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245   Exclusive Check (if match, error) - Y304

Diagnosis Table 3005   310.9   Nonpsychotic mental disorder following organic brain damage, unspecified

Relational Table 3003   310.0-   Nonpsychotic mental disorder following organic brain
                    310.8   damage, unspecified

V0245   Exclusive Check (if match, error) - Y305

Diagnosis Table 3005   312.x0   Undersocialized conduct disorder, unspecified

Relational Table 3003   312.x1-   Undersocialized conduct disorder, specified
                    312.x3

V0245   Exclusive Check (if match, error) - Y306

Diagnosis Table 3005   312.9   Conduct disturbance, unspecified

Relational Table 3003   312.0-   Conduct disturbance, specified
                    312.8

V0245   Exclusive Check (if match, error) - Y307

Diagnosis Table 3005   312.30   Impulse control disorder, unspecified

Relational Table 3003   312.31-   Impulse control disorder, specified
                    312.39

V0245   Exclusive Check (if match, error) - Y308

Diagnosis Table 3005   314.9   Hyperkinetic syndrome, unspecified

Relational Table 3003   314.0-   Hyperkinetic syndrome, specified
                    314.8

V0245   Exclusive Check (if match, error) - Y309

Diagnosis Table 3005   315.00   Reading disorder, unspecified

Relational Table 3003   315.01-   Reading disorder, specified
                    315.09

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245   Exclusive Check (if match, error) - Y310

Diagnosis Table 3005   315.9   Delay in development, unspecified

Relational Table 3003   315.0-   Delay in development, specified
                                315.8

V0245   Exclusive Check (if match, error) - Y311

Diagnosis Table 3005   319   Mental retardation, unspecified

Relational Table 3003   317-   Mental retardation, specified
                                318.2

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0246   **UNSPECIFIED versus SPECIFIED CNS OR SENSE ORGAN DIAGNOSIS**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for the diagnosis for the central nervous system or the sense organ to be both unspecified and specified from the same category on the same record.

V0246   Exclusive Check (if match, error) - Y312

Diagnosis Table 3005   320.9   Meningitis, unspecified bacteria

Relational Table 3003   320.0-   Meningitis, specified bacteria
                              320.8

V0246   Exclusive Check (if match, error) - Y313

Diagnosis Table 3005   322.9   Meningitis, unspecified

Relational Table 3003   322.0-   Meningitis, specified
                              322.2

V0246   Exclusive Check (if match, error) - Y314

Diagnosis Table 3005   323.9   Encephalitis, unspecified

Relational Table 3003   323.0-   Encephalitis, specified
                              323.8

V0246   Exclusive Check (if match, error) - Y315

Diagnosis Table 3005   324.9   Intracranial and intraspinal abscess, unspecified site

Relational Table 3003   324.0-   Intracranial and intraspinal abscess, specified site
                              324.1

V0246   Exclusive Check (if match, error) - Y316

Diagnosis Table 3005   330.9   Cerebral degeneration in childhood, unspecified

Relational Table 3003   330.3-   Cerebral degeneration in childhood, specified
                              330.8

V0246   **UNSPECIFIED versus SPECIFIED CNS OR SENSE ORGAN DIAGNOSIS** - CONTINUED
(see guideline on page 300)

V0246   Exclusive Check (if match, error) - Y317

| Diagnosis Table 3005 | 331.9 | Cerebral degeneration, unspecified |

| Relational Table 3003 | 331.0-
331.8 | Cerebral degeneration, specified |

V0246   Exclusive Check (if match, error) - Y318

| Diagnosis Table 3005 | 333.90 | Extrapyramidal disease and abnormal movement disorder, unspecified |

| Relational Table 3003 | 333.0-
333.89
333.91
333.99 | Extrapyramidal disease and abnormal movement disorders, specified |

V0246   Exclusive Check (if match, error) - Y319

| Diagnosis Table 3005 | 334.9 | Spinocerebellar disease, unspecified |

| Relational Table 3003 | 334.0-
334.8 | Spinocerebellar disease, specified |

V0246   Exclusive Check (if match, error) - Y320

| Diagnosis Table 3005 | 335.9 | Anterior horn cell disease, unspecified |

| Relational Table 3003 | 335.0-
335.8 | Anterior horn cell disease, specified |

V0246   Exclusive Check (if match, error) - Y321

| Diagnosis Table 3005 | 335.10 | Spinal muscular atrophy, unspecified |

| Relational Table 3003 | 335.11-
335.19 | Spinal muscular atrophy, specified |

V0246   **UNSPECIFIED versus SPECIFIED CNS OR SENSE ORGAN DIAGNOSIS** - CONTINUED
(see guideline on page 300)

V0246	Exclusive Check (if match, error) - Y322	

Diagnosis Table 3005	336.9	Disease of spinal cord, unspecified
Relational Table 3003	336.0-336.8	Disease of spinal cord, specified

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V0246	Exclusive Check (if match, error) - Y323	

Diagnosis Table 3005	337.9	Disorder of autonomic nervous system, unspecified
Relational Table 3003	337.0-337.3	Disorder of autonomic nervous system, specified

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V0246	Exclusive Check (if match, error) - Y324	

Diagnosis Table 3005	337.20	Reflex sympathetic dystrophy, unspecified
Relational Table 3003	337.21-337.29	Reflex sympathetic dystrophy, specified

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V0246	Exclusive Check (if match, error) - Y325	

Diagnosis Table 3005	341.9	Demyelinating disease of CNS, unspecified
Relational Table 3003	341.0-341.8	Demyelinating disease of CNS, specified

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V0246	Exclusive Check (if match, error) - Y326	

Diagnosis Table 3005	342.00	Flaccid hemiplegia, affecting unspecified side
Relational Table 3003	342.01-342.02	Flaccid hemiplegia, affecting specified side

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V0246	Exclusive Check (if match, error) - Y327	

Diagnosis Table 3005	342.10	Spastic hemiplegia, affecting unspecified side
Relational Table 3003	342.11-342.12	Spastic hemiplegia, affecting specified side

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V0246 **UNSPECIFIED versus SPECIFIED CNS OR SENSE ORGAN DIAGNOSIS** - CONTINUED
(see guideline on page 300)

V0246   Exclusive Check (if match, error) - Y328

Diagnosis Table 3005   342.80   Other hemiplegia, affecting unspecified side

Relational Table 3003   342.81-   Other hemiplegia, affecting specified side
                              342.82

V0246   Exclusive Check (if match, error) - Y329

Diagnosis Table 3005   342.90   Hemiplegia, affecting unspecified side

Relational Table 3003   342.91-   Hemiplegia, affecting specified side
                              342.92

V0246   Exclusive Check (if match, error) - Y330

Diagnosis Table 3005   342.9   Hemiplegia, unspecified

Relational Table 3003   342.0-   Hemiplegia, specified
                              342.8

V0246   Exclusive Check (if match, error) - Y331

Diagnosis Table 3005   343.9   Infantile cerebral palsy, unspecified

Relational Table 3003   343.0-   Infantile cerebral palsy, specified
                              343.8

V0246   Exclusive Check (if match, error) - Y332

Diagnosis Table 3005   344.00   Quadraplegia, unspecified

Relational Table 3003   344.01-   Quadraplegia, specified
                              344.09

V0246   Exclusive Check (if match, error) - Y333

Diagnosis Table 3005   344.30   Monoplegia of lower limb, affecting unspecified side

Relational Table 3003   344.31-   Monoplegia of lower limb, affecting specified side
                              344.32

V0246   **UNSPECIFIED versus SPECIFIED CNS OR SENSE ORGAN DIAGNOSIS** - CONTINUED
(see guideline on page 300)

V0246	Exclusive Check (if match, error) - Y334	

Diagnosis Table 3005	344.40	Monoplegia of upper limb, affecting unspecified side
Relational Table 3003	344.41- 344.42	Monoplegia of upper limb, affecting specified side

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V0246	Exclusive Check (if match, error) - Y335	

Diagnosis Table 3005	344.9	Paralysis, unspecified
Relational Table 3003	344.0- 344.8	Paralysis, specified

V0246	Exclusive Check (if match, error) - Y337	

Diagnosis Table 3005	346.9	Migraine, unspecified
Relational Table 3003	346.0- 346.8	Migraine, specified

V0246	Exclusive Check (if match, error) - Y338	

Diagnosis Table 3005	348.9	Brain condition, unspecified
Relational Table 3003	348.0- 348.8	Brain condition, specified

---

V0246	Exclusive Check (if match, error) - Y339	

Diagnosis Table 3005	349.9	Disorder of nervous system, unspecified
Relational Table 3003	349.0- 349.8	Disorder of nervous system, specified

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V0246	Exclusive Check (if match, error) - Y340	

Diagnosis Table 3005	350.9	Trigeminal nerve disorder, unspecified
Relational Table 3003	350.1- 350.8	Trigeminal nerve disorder, specified

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V0246   **UNSPECIFIED versus SPECIFIED CNS OR SENSE ORGAN DIAGNOSIS** - CONTINUED
(see guideline on page 300)

V0246	Exclusive Check (if match, error) - Y341	

Diagnosis Table 3005	351.9	Facial nerve disorder, unspecified

Relational Table 3003	351.0- 351.8	Facial nerve disorder, specified

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V0246	Exclusive Check (if match, error) - Y343	

Diagnosis Table 3005	353.9	Nerve root and plexus disorder, unspecified

Relational Table 3003	353.0- 353.8	Nerve root and plexus disorder, specified

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V0246	Exclusive Check (if match, error) - Y344	

Diagnosis Table 3005	356.9	Hereditary and idiopathic peripheral neuropathy, unspecified

Relational Table 3003	356.0- 356.8	Hereditary and idiopathic peripheral neuropathy, specified

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V0246	Exclusive Check (if match, error) - Y345	

Diagnosis Table 3005	357.9	Inflammatory and toxic neuropathy, unspecified

Relational Table 3003	357.0- 357.8	Inflammatory and toxic neuropathy, specified

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V0246	Exclusive Check (if match, error) - Y346	

Diagnosis Table 3005	358.9	Myoneural disorders, unspecified

Relational Table 3003	358.0- 358.8	Myoneural disorders, specified

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V0246	Exclusive Check (if match, error) - Y347	

Diagnosis Table 3005	359.9	Myopathy, unspecified

Relational Table 3003	359.0- 359.8	Myopathy, specified

V0246   **UNSPECIFIED versus SPECIFIED CNS OR SENSE ORGAN DIAGNOSIS** - CONTINUED
(see guideline on page 300)

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0247   **UNSPECIFIED versus SPECIFIED CIRCULATORY DIAGNOSIS**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for the circulatory diagnosis to be both unspecified and specified from the same category on the same record.

V0247	Exclusive Check (if match, error) - Y348	
Diagnosis Table 3005	401.9	Hypertension, unspecified
Relational Table 3003	401.0-401.1	Hypertension, specified

V0247	Exclusive Check (if match, error) - Y349	
Diagnosis Table 3005	402.9	Hypertensive heart disease, unspecified
Relational Table 3003	402.0-402.1	Hypertensive heart disease, specified

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V0247	Exclusive Check (if match, error) - Y350	
Diagnosis Table 3005	403.9	Hypertensive renal disease, unspecified
Relational Table 3003	403.0-403.1	Hypertensive renal disease, specified

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V0247	Exclusive Check (if match, error) - Y351	
Diagnosis Table 3005	404.9	Hypertensive heart and renal disease, unspecified
Relational Table 3003	404.0-404.1	Hypertensive heart and renal disease, specified

---

V0247	Exclusive Check (if match, error) - Y352	
Diagnosis Table 3005	405.9	Secondary hypertension, unspecified
Relational Table 3003	405.0-405.1	Secondary hypertension, specified

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V0247   **UNSPECIFIED versus SPECIFIED CIRCULATORY DIAGNOSIS** - CONTINUED
(see guideline on page 307)

V0247   Exclusive Check (if match, error) - Y425

Diagnosis Table 3005   410.00   Acute anterior wall MI, unspecified episode of care

Relational Table 3003   410.01-   Acute anterior wall MI, specified episode of care
410.02

V0247   Exclusive Check (if match, error) - Y426

Diagnosis Table 3005   410.10   Acute other anterior wall MI, unspecified episode of care

Relational Table 3003   410.11-   Acute other anterior wall MI, specified episode of
410.12

V0247   Exclusive Check (if match, error) - Y427

Diagnosis Table 3005   410.20   Acute inferolateral wall MI, unspecified episode of care

Relational Table 3003   410.21-   Acute inferolateral wall MI, specified episode of care
410.22

V0247   Exclusive Check (if match, error) - Y428

Diagnosis Table 3005   410.30   Acute inferoposterior wall MI, unspecified episode of care

Relational Table 3003   410.31-   Acute inferoposterior wall MI, specified episode of care
410.32

V0247   Exclusive Check (if match, error) - Y429

Diagnosis Table 3005   410.40   Acute other inferior wall MI, unspecified episode of care

Relational Table 3003   410.41-   Acute other inferior wall MI, specified episode of care
410.42

V0247   Exclusive Check (if match, error) - Y430

Diagnosis Table 3005   410.50   Acute other lateral wall MI, unspecified episode of care

Relational Table 3003   410.51-   Acute other lateral wall MI, specified episode of care
410.52

V0247   **UNSPECIFIED versus SPECIFIED CIRCULATORY DIAGNOSIS** - CONTINUED
(see guideline on page 307)

V0247	Exclusive Check (if match, error) - Y431

Diagnosis Table 3005	410.60	Acute true posterior wall MI, unspecified episode of care
Relational Table 3003	410.61-410.62	cute true posterior wall MI, specified episode of care

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V0247	Exclusive Check (if match, error) - Y432

Diagnosis Table 3005	410.70	Subendocardial wall MI, unspecified episode of care
Relational Table 3003	410.71-410.72	Subendocardial wall MI, specified episode of care

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V0247	Exclusive Check (if match, error) - Y433

Diagnosis Table 3005	410.80	MI of other sites, unspecified episode of care
Relational Table 3003	410.81-410.82	MI of other sites, specified episode of care

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V0247	Exclusive Check (if match, error) - Y354

Diagnosis Table 3005	414.9	Chronic ischemic heart disease, unspecified
Relational Table 3003	414.0-414.8	Chronic ischemic heart disease, specified

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V0247	Exclusive Check (if match, error) - Y355

Diagnosis Table 3005	417.9	Disease of pulmonary circulation, unspecified
Relational Table 3003	417.0-417.8	Disease of pulmonary circulation, specified

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V0247	Exclusive Check (if match, error) - Y356

Diagnosis Table 3005	416.9	Chronic pulmonary heart disease, unspecified
Relational Table 3003	416.0-416.8	Chronic pulmonary heart disease, specified

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V0247   **UNSPECIFIED versus SPECIFIED CIRCULATORY DIAGNOSIS** - CONTINUED
(see guideline on page 307)

V0247   Exclusive Check (if match, error) - Y357

Diagnosis Table 3005   420.90   Acute pericarditis, unspecified

Relational Table 3003   420.0   Acute pericarditis, specified
                            420.91-
                            420.99

V0247   Exclusive Check (if match, error) - Y358

Diagnosis Table 3005   421.9   Acute endocarditis, unspecified

Relational Table 3003   421.0-   Acute endocarditis, specified
                            421.1

V0247   Exclusive Check (if match, error) - Y359

Diagnosis Table 3005   422.90   Acute myocarditis, unspecified

Relational Table 3003   422.0   Acute myocarditis, specified
                            422.91-
                            421.99

V0247   Exclusive Check (if match, error) - Y360

Diagnosis Table 3005   423.9   Disease of pericardium, unspecified

Relational Table 3003   423.0-   Disease of pericardium, specified
                            423.8

V0247   Exclusive Check (if match, error) - Y361

Diagnosis Table 3005   424.90   Endocarditis, unspecified valve, unspecified cause

Relational Table 3003   424.0-424.3   Endocarditis, specified valves, unspecified cause
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V0247   Exclusive Check (if match, error) - Y362

Diagnosis Table 3005   425.9   Secondary cardiomyopathy, unspecified

Relational Table 3003   425.0-   Secondary cardiomyopathy, specified
                            425.8

V0247   **UNSPECIFIED versus SPECIFIED CIRCULATORY DIAGNOSIS** - CONTINUED
                   (see guideline on page 307)

V0247   Exclusive Check (if match, error) - Y363

Diagnosis Table 3005   426.10   Atrioventricular block, unspecified

Relational Table 3003   426.0   Atrioventricular block, specified
                              426.11-426.13

V0247   Exclusive Check (if match, error) - Y364

Diagnosis Table 3005   426.50   Bundle branch block, unspecified

Relational Table 3003   426.2-   Bundle branch block, specified
                              426.4
                              426.51-426.59

V0247   Exclusive Check (if match, error) - Y365

Diagnosis Table 3005   426.9   Conduction disorder, unspecified

Relational Table 3003   426.0-   Conduction disorder, specified
                              426.8

V0247   Exclusive Check (if match, error) - Y366

Diagnosis Table 3005   427.2   Paroxysmal tachycardia, unspecified

Relational Table 3003   427.0-   Paroxysmal tachycardia, specified
                              427.1

V0247   Exclusive Check (if match, error) - Y367

Diagnosis Table 3005   427.9   Cardiac dysrhymia, unspecified

Relational Table 3003   427.0-   Cardiac dysrhymia, specified
                              427.8

V0247   Exclusive Check (if match, error) - Y368

Diagnosis Table 3005   428.9   Heart failure, unspecified

Relational Table 3003   428.0-   Heart failure, specified
                              428.1

V0247   **UNSPECIFIED versus SPECIFIED CIRCULATORY DIAGNOSIS** - CONTINUED
(see guideline on page 307)

V0247   Exclusive Check (if match, error) - Y369

| Diagnosis Table 3005 | 432.9 | Intracranial hemorrhage, unspecified |

| Relational Table 3003 | 432.0-
432.1 | Intracranial hemorrhage, specified |

V0247   Exclusive Check (if match, error) - Y370

| Diagnosis Table 3005 | 433.9 | Occlusion and stenosis, unspecified precerebral artery |

| Relational Table 3003 | 433.0-
433.8 | Occlusion and stenosis, specified precerebral artery |

V0247   Exclusive Check (if match, error) - Y371

| Diagnosis Table 3005 | 434.9 | Occlusion, unspecified cerebral artery |

| Relational Table 3003 | 434.0-
434.1 | Occlusion, specified cerebral artery |

V0247   Exclusive Check (if match, error) - Y372

| Diagnosis Table 3005 | 435.9 | Transient cerbral ischemia, unspecified |

| Relational Table 3003 | 435.0-
435.8 | Transient cerbral ischemia, specified |

V0247   Exclusive Check (if match, error) - Y373

| Diagnosis Table 3005 | 440.20 | Atherosclerosis of extremities, unspecified |

| Relational Table 3003 | 440.21-
440.24 | Atherosclerosis of extremities, specified |

V0247   Exclusive Check (if match, error) - Y374

| Diagnosis Table 3005 | 441.00 | Dissecting aneurysm of aorta, unspecified site |

| Relational Table 3003 | 441.01-
441.03 | Dissecting aneurysm of aorta, specified site |

V0247   **UNSPECIFIED versus SPECIFIED CIRCULATORY DIAGNOSIS** - CONTINUED
(see guideline on page 307)

V0247   Exclusive Check (if match, error) - Y375

| Diagnosis Table 3005 | 444.9 | Arterial embolism and thrombosis, unspecified artery |
| Relational Table 3003 | 444.0-
444.8 | Arterial embolism and thrombosis, specified artery |

V0247   Exclusive Check (if match, error) - Y376

| Diagnosis Table 3005 | 446.20 | Hypersensitivity angiitis, unspecified |
| Relational Table 3003 | 446.21-
446.29 | Hypersensitivity angiitis, specified |

V0247   Exclusive Check (if match, error) - Y377

| Diagnosis Table 3005 | 447.9 | Disorder of arteries and arterioles, unspecified |
| Relational Table 3003 | 447.0-
447.8 | Disorder of arteries and arterioles, specified |

V0247   Exclusive Check (if match, error) - Y237

| Diagnosis Table 3005 | 457.9 | Noninfectious disorder of lymphatic channels, unspecified |
| Relational Table 3003 | 457.0-
457.8.1 | Noninfectious disorder of lymphatic channels, specified |

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0248   **UNSPECIFIED versus SPECIFIED RESPIRATORY DIAGNOSIS**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for respiratory diagnosis to be both unspecified and specified from the same category on the same record.

V0248   Exclusive Check (if match, error) - Y378

Diagnosis Table 3005   465.9   Upper respiratory infection, unspecified site

Relational Table 3003   465.8   Upper respiratory infection, multiple sites

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V0248   Exclusive Check (if match, error) - Y379

Diagnosis Table 3005   474.9   Chronic disease of tonsils and adenoids, unspecified

Relational Table 3003   474.0-   Chronic disease of tonsils and adenoids, specified
                                 474.8

V0248   Exclusive Check (if match, error) - Y380

Diagnosis Table 3005   478.20   Disease of pharynx, unspecified

Relational Table 3003   478.21-   Disease of pharynx, specified
                                 478.29

V0248   Exclusive Check (if match, error) - Y381

Diagnosis Table 3005   480.9   Viral pneumonia, unspecified

Relational Table 3003   480.0-   Viral pneumonia, specified
                                 480.8

V0248   Exclusive Check (if match, error) – Y285

Diagnosis Table 3005   482.30   Streptococcus pneumonia, unspecified

Relational Table 3003   482.31-   Streptococcus pneumonia, specified
                                 482.39

V0248 **UNSPECIFIED versus SPECIFIED RESPIRATORY DIAGNOSIS** - CONTINUED
(see guideline on page 314)

V0248　　　　Exclusive Check (if match, error) - Y382

| Diagnosis Table 3005 | 482.9 | Bacterial pneumonia, unspecified |
| Relational Table 3003 | 482.0-
482.8 | Bacterial pneumonia, specified |

V0248　　　　Exclusive Check (if match, error) - Y383

| Diagnosis Table 3005 | 491.9 | Chronic bronchitis, unspecified |
| Relational Table 3003 | 491.0-
491.8 | Chronic bronchitis, specified |

V0248　　　　Exclusive Check (if match, error) - Y336

| Diagnosis Table 3005 | 493.9 | Asthma, unspecified |
| Relational Table 3003 | 493.0-
493.2 | Asthma, specified |

V0248　　　　Exclusive Check (if match, error) - Y384

| Diagnosis Table 3005 | 506.9 | Unspecified respiratory conditions due to fumes and vapors |
| Relational Table 3003 | 506.0-
506.4 | Specified respiratory conditions due to fumes and vapors |

V0248　　　　Exclusive Check (if match, error) - Y385

| Diagnosis Table 3005 | 516.9 | Alveolar and parietoalveolar pneumonopathy, unspecified |
| Relational Table 3003 | 516.0-
516.8.1 | Alveolar and parietoalveolar pneumonopathy, specified |

References:　　ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0249   **UNSPECIFIED versus SPECIFIED DIGESTIVE DIAGNOSIS**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for the digestive diagnosis to be both unspecified and specified from the same category on the same record.

V0249	Exclusive Check (if match, error) - Y386	

Diagnosis Table 3005	520.9	Disorder of tooth development and eruption, unspecified
Relational Table 3003	520.0-520.8	Disorder of tooth development and eruption, specified

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V0249	Exclusive Check (if match, error) - Y387	

Diagnosis Table 3005	521.9	Disease of heart tissues of teeth, unspecified
Relational Table 3003	521.0-521.8	Disease of heart tissues of teeth, specified

---

V0249	Exclusive Check (if match, error) - Y388	

Diagnosis Table 3005	523.9	Gingival and periodontal disease, unspecified
Relational Table 3003	523.0-523.8	Gingival and periodontal disease, specified

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V0249	Exclusive Check (if match, error) - Y389	

Diagnosis Table 3005	524.00	Major anomaly of jaw size, unspecified
Relational Table 3003	524.01-524.09	Major anomaly of jaw size, specified

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V0249	Exclusive Check (if match, error) - Y390	

Diagnosis Table 3005	524.10	Anomaly of jaw to cranial base, unspecified
Relational Table 3003	524.11-524.19	Anomaly of jaw to cranial base, specified

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V0249   **UNSPECIFIED versus SPECIFIED DIGESTIVE DIAGNOSIS** - CONTINUED
(see guideline on page 316)

V0249   Exclusive Check (if match, error) - Y392

Diagnosis Table 3005   525.9   Disorder of teeth and supporting structures, unspecified

Relational Table 3003   525.0-   Disorder of teeth and supporting structures, specified
                               525.8

V0249   Exclusive Check (if match, error) - Y393

Diagnosis Table 3005   526.9   Disease of jaws, unspecified

Relational Table 3003   526.0-   Disease of jaws, specified
                               526.8

V0249   Exclusive Check (if match, error) - Y394

Diagnosis Table 3005   529.9   Condition of tongue, unspecified

Relational Table 3003   529.0-   Condition of tongue, specified
                               529.8

V0249   Exclusive Check (if match, error) - Y395

Diagnosis Table 3005   530.10   Esophagitis, unspecified

Relational Table 3003   530.11-   Esophagitis, specified
                               530.19

V0249   Exclusive Check (if match, error) - Y396

Diagnosis Table 3005   530.9   Disorder of esophagus, unspecified

Relational Table 3003   530.0-   Disorder of esophagus, specified
                               530.8

V0249   Exclusive Check (if match, error) - Y397

Diagnosis Table 3005   540.9   Appendicitis, unspecified

Relational Table 3003   540.0-   Appendicitis, specified
                               540.1

V0249   **UNSPECIFIED versus SPECIFIED DIGESTIVE DIAGNOSIS** - CONTINUED
(see guideline on page 316)

V0249   Exclusive Check (if match, error) - Y398

| Diagnosis Table 3005 | 555.9 | Regional enteritis, unspecified site |
| Relational Table 3003 | 555.0-
555.2 | Regional enteritis, specified site |

V0249   Exclusive Check (if match, error) - Y399

| Diagnosis Table 3005 | 567.9 | Peritonitis, unspecified |
| Relational Table 3003 | 567.0-
567.2 | Peritonitis, specified |

V0249   Exclusive Check (if match, error) - Y400

| Diagnosis Table 3005 | 568.9 | Disorder of peritoneum, unspecified |
| Relational Table 3003 | 568.0-
568.8 | Disorder of peritoneum, specified |

V0249   Exclusive Check (if match, error) - Y401

| Diagnosis Table 3005 | 569.60 | Colostomy and/enterostomy complication, unspecified |
| Relational Table 3003 | 569.61-
569.69 | Colostomy and/enterostomy complication, specified |

V0249   Exclusive Check (if match, error) - Y402

| Diagnosis Table 3005 | 571.40 | Chronic hepatitis, unspecified |
| Relational Table 3003 | 571.41-
571.49 | Chronic hepatitis, specified |

V0249   Exclusive Check (if match, error) - Y342

| Diagnosis Table 3005 | 575.10 | Cholecystitis, unspecified |
| Relational Table 3003 | 575.11-
575.12 | Cholecystitis, specified |

V0249   **UNSPECIFIED versus SPECIFIED DIGESTIVE DIAGNOSIS** - CONTINUED
              (see guideline on page 316)

V0249   Exclusive Check (if match, error) - Y403

Diagnosis Table 3005   578.9   Gastrointestinal hemorrhage, unspecified

Relational Table 3003   578.0-   Gastrointestinal hemorrhage, specified
                            578.1

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last
               sentence); 1994, page 42; 1996, pages 42, 47.

               Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter
               1997, page 8.

V0250   **WITH OR WITHOUT HEPATITIS DELTA?**
              new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

Coding this condition with and without Hepatitis Delta is contradictory and distorts statistics.

V0250   Exclusive check (if match, error) - R052

Diagnosis Table 3005   070.20   Acute viral hepatitis B with hepatic coma, without Hepatitis Delta

Relational Table 3003   070.21   Acute viral hepatitis B with hepatic coma, with Hepatitis Delta

----

V0250   Exclusive check (if match, error) - R054

Diagnosis Table 3005   070.30   Acute viral hepatitis B without hepatic coma, without Hepatitis Delta

Relational Table 3003   070.31   Acute viral hepatitis B without hepatic coma, with Hepatitis Delta

----

V0250   Exclusive check (if match, error) - R056

Diagnosis Table 3005   070.22   Chronic viral hepatitis B with hepatic coma, without Hepatitis Delta

Relational Table 3003   070.23   Chronic viral hepatitis B with hepatic coma, with Hepatitis Delta

----

V0250   **WITH OR WITHOUT HEPATITIS DELTA?** - CONTINUED
                (see guideline on page 320)

V0250   Exclusive check (if match, error) - R058

Diagnosis Table 3005   070.32   Chronic viral hepatitis B without hepatic coma, without Hepatitis Delta

Relational Table 3003   070.33   Chronic viral hepatitis B without hepatic coma, with Hepatitis Delta

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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

                 Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

                 ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0251   **WITH OR WITHOUT HEPATIC COMA?**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

Coding this condition with and without hepatic coma is contradictory and distorts statistics.

V0251	Exclusive check (if match, error) - R060	

Diagnosis Table 3005	070.1	Viral hepatitis A without hepatic coma

Relational Table 3003	070.0	Viral hepatitis A with hepatic coma

---

V0251	Exclusive check (if match, error) - R062	

Diagnosis Table 3005	070.20	Acute viral hepatitis B with hepatic coma
	070.22	Chronic viral hepatitis B with hepatic coma

Relational Table 3003	070.52	Hepatitis Delta without hepatitis B or hepatic coma

---

V0251	Exclusive check (if match, error) - R064	

Diagnosis Table 3005	070.51	Acute viral hepatitis C without hepatic coma
	070.54	Chronic viral hepatitis C without hepatic coma

Relational Table 3003	070.41	Acute viral hepatitis C with hepatic coma
	070.44	Chronic viral hepatitis C with hepatic coma

V0251	Exclusive check (if match, error) - R066	

Diagnosis Table 3005	070.3x	Viral hepatitis B without hepatic coma

Relational Table 3003	070.42	Hepatitis Delta without hepatitis B, with hepatic coma

---

V0251   **WITH OR WITHOUT HEPATIC COMA?** - CONTINUED
              (see guideline on page 322)

V0251   Exclusive check (if match, error) - R068

Diagnosis Table 3005   070.3x   Viral hepatitis B without hepatic coma

Relational Table 3003   070.2x   Viral hepatitis B with hepatic coma
----

V0251   Exclusive check (if match, error) - R070

Diagnosis Table 3005   070.52   Hepatitis Delta without hepatitis B, without hepatic coma

Relational Table 3003   070.42   Hepatitis Delta without hepatitis B, with hepatic coma
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V0251   Exclusive check (if match, error) - R072

Diagnosis Table 3005   070.53   Hepatitis E without hepatic coma

Relational Table 3003   070.43   Hepatitis E with hepatic coma
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V0251   Exclusive check (if match, error) - R074

Diagnosis Table 3005   070.6   Unspecified viral hepatitis with hepatic coma

Relational Table 3003   070.9   Unspecified viral hepatitis without hepatic coma
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V0251   Exclusive check (if match, error) - R076

Diagnosis Table 3005   070.59   Specified viral hepatitis without hepatic coma

Relational Table 3003   070.49   Specified viral hepatitis with hepatic coma
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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

                 Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

                 ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0252   **LEUKEMIA, WITH OR WITHOUT REMISSION?**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

Coding leukemia with and without remission is contradictory and distorts statistics.

V0252   Exclusive check (if match, error) - R100

Diagnosis Table 3005   203.00   Multiple myeloma

Relational Table 3003   203.01   Muliple myeloma, in remission
----

V0252   Exclusive check (if match, error) - R102

Diagnosis Table 3005   203.10   Plasma cell leukemia

Relational Table 3003   203.11   Plasma cell leukemia, in remission
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V0252   Exclusive check (if match, error) - R103

Diagnosis Table 3005   203.80   Immunoproliferative neoplasms

Relational Table 3003   203.81   Immunoproliferative neoplasms, in remission
----

V0252   Exclusive check (if match, error) - R104

Diagnosis Table 3005   204.00   Acute lymphoid leukemia
                              204.10   Chronic lymphoid leukemia
                              204.20   Subacute lymphoid leukemia
                              204.80   Other lymphoid leukemia

Relational Table 3003   204.01   Acute lymphoid leukemia, in remission
                              204.11   Chronic lymphoid leukemia, in remission
                              204.21   Subacute lymphoid leukemia, in remission
                              204.81   Other lymphoid leukemia, in remission
----

V0252   **LEUKEMIA, WITH OR WITHOUT REMISSION?** - CONTINUED
               (see guideline on page 324)

V0252   Exclusive check (if match, error) - R105

Diagnosis Table 3005	205.00	Acute myeloid leukemia
	205.10	Chronic myeloid leukemia
	205.20	Subacute myeloid leukemia
Relational Table 3003	205.01	Acute myeloid leukemia, in remission
	205.11	Chronic myeloid leukemia, in remission
	205.21	Subacute myeloid leukemia, in remission

V0252   Exclusive check (if match, error) - R106

Diagnosis Table 3005	205.30	Myeloid sarcoma
Relational Table 3003	205.31	Myeloid sarcoma, in remission

V0252   Exclusive check (if match, error) - R107

Diagnosis Table 3005	205.80	Other myeloid sarcoma
Relational Table 3003	205.81	Other myeloid sarcoma, in remission

----
V0252   Exclusive check (if match, error) - R108

Diagnosis Table 3005	205.90	Unspecified myeloid sarcoma
Relational Table 3003	205.91	Unspecified myeloid sarcoma, in remission

----
V0252   Exclusive check (if match, error) - R109

Diagnosis Table 3005	206.00	Acute monocytic leukemia
	206.10	Chronic monocytic leukemia
	206.20	Subacute monocytic leukemia
	206.80	Other monocytic leukemia
Relational Table 3003	206.01	Acute monocytic leukemia, in remission
	206.11	Chronic monocytic leukemia, in remission
	206.21	Subacute monocytic leukemia, in remission
	206.81	Other monocytic leukemia, in remission

V0252   LEUKEMIA, WITH OR WITHOUT REMISSION? - CONTINUED
(see guideline on page 324)

V0252   Exclusive check (if match, error) - R078

Diagnosis Table 3005   207.00   Acute erythremia and erythroleukemia

Relational Table 3003   207.01   Acute erythremia and erythroleukemia, in remission

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V0252   Exclusive check (if match, error) - R080

Diagnosis Table 3005   207.10   Chronic erythremia

Relational Table 3003   207.11   Chronic erythremia, in remission

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V0252   Exclusive check (if match, error) - R082

Diagnosis Table 3005   207.20   Megakaryocytic leukemia

Relational Table 3003   207.21   Megakaryocytic leukemia, in remission

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V0252   Exclusive check (if match, error) - R084

Diagnosis Table 3005   207.80   Other specified leukemia

Relational Table 3003   207.81   Other specified leukemia, in remission

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V0252   Exclusive check (if match, error) - R086

Diagnosis Table 3005   208.00   Acute leukemia
                              208.10   Chronic leukemia
                              208.20   Subacute leukemia
                              208.80   Other leukemia

Relational Table 3003   208.01   Acute leukemia, in remission
                              208.11   Chronic leukemia, in remission
                              208.21   Subacute leukemia, in remission
                              208.81   Other leukemia, in remission

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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.
ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0253   **THYROID, WITH OR WITHOUT THYROTOXIC STORM**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

Coding this condition with and without thyrotoxic storm is contradictory and distorts statistics.

V0253   Exclusive check (if match, error) - R088

Diagnosis Table 3005	242.x0	Toxic diffuse goiter, without thyrotoxic crisis or storm
Relational Table 3003	242.x1	Toxic diffuse goiter, with thyrotoxic crisis or storm

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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0254   **CYSTIC FIBROSIS, WITH OR WITHOUT MECONIUM ILEUS?**
                 new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

                 Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

                 Coding cystic fibrosis with and without meconium ileus is contradictory and distorts statistics.

V0254   Exclusive check (if match, error) - R090

Diagnosis Table 3005   277.00   Cystic fibrosis, without meconium ileus

Relational Table 3003   277.01   Cystic fibrosis, with meconium ileus

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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

                 Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

                 ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0255   **WITH OR WITHOUT SICKLE-CELL CRISIS?**
            new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

            Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

            Coding this condition with and without sickle-cell crisis is contradictory and distorts statistics.

V0255   Exclusive check (if match, error) - R092

Diagnosis Table 3005   282.61   Hb-S disease without sickle cell crisis

Relational Table 3003   282.62   Hb-S disease with sickle cell crisis

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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

            Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

            ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0256   **SCHIZOPHRENIA, CHRONIC ... or .... CHRONIC AND ACUTE?**
new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as chronic and acute status for the same condition or when the Alphabetic Index so direct.

V0256   Exclusive Check (if match, error) - R111

Diagnosis Table 3005   295.02   Schizophrenic, simple type, chronic

Relational Table 3003   295.04   Schizophrenic, simple type, chronic with acute exacerbation
---
V0256   Exclusive Check (if match, error) - R153

Diagnosis Table 3005   295.12   Schizophrenic, disorganized type, chronic

Relational Table 3003   295.14   Schizophrenic, disorganized type, chronic with acute exacerbation
---
V0256   Exclusive Check (if match, error) - R154

Diagnosis Table 3005   295.22   Schizophrenic, catatonic type, chronic

Relational Table 3003   295.24   Schizophrenic, catatonic type, chronic with acute exacerbation
---
V0256   Exclusive Check (if match, error) - R155

Diagnosis Table 3005   295.32   Schizophrenic, paranoid type, chronic

Relational Table 3003   295.34   Schizophrenic, paranoid type, chronic with acute exacerbation
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VO256 Exclusive Check (if match, error) - R156

Diagnosis Table 3005   295.42   Acute schizophrenic episode

Relational Table 3003   295.44   Acute schizophrenic episode, chronic with acute exacerbation
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V0256   **SCHIZOPHRENIA, CHRONIC ... or .... CHRONIC AND ACUTE?** - CONTINUED
(see guideline on page 330)

V0256   Exclusive Check (if match, error) - R157

Diagnosis Table 3005   295.52   Latent schizophrenic, chronic

Relational Table 3003   95.54   Latent schizophrenic, chronic with acute exacerbation

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V0256   Exclusive Check (if match, error) - R158

Diagnosis Table 3005   295.62   Residual schizophrenic, chronic

Relational Table 3003   295.64   Residual schizophrenic, chronic with acute exacerbation

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V0256   Exclusive Check (if match, error) - R159

Diagnosis Table 3005   295.72   Schizo-affective type, chronic

Relational Table 3003   295.74   Schizo-affective type, chronic with acute exacerbation

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V0256   Exclusive Check (if match, error) - R160

Diagnosis Table 3005   295.82   Schizophrenic types, chronic

Relational Table 3003   295.84   Schizophrenic types, chronic with acute exacerbation

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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 36-37 on "Combination Coding" rule and page 38 on "Multiple Coding" rule; 1991, page 41 on "Combination Coding" rule and page 42 on "Multiple Coding" rule; 1994 page 43 on "Combination Coding" rule and page 44 on "Multiple Coding" rule; 1996, page 43 on "Combination Coding" rule and page 44 on "Multiple Coding" rule.

Coding Clinic for ICD-9-CM, AHA, May/Jun 1984, pages 4-6; Mar/Apr 1985, page 3; Jan/Feb 1986, pages 8-10.

V0257   **SCHIZOPHRENIA, SUBCHRONIC ... or .... SUBCHRONIC AND ACUTE?**
new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as chronic and acute status for the same condition or when the Alphabetic Index so direct.

| V0257 | Exclusive Check (if match, error) - R112 |

| Diagnosis Table 3005 | 295.01 | Schizophrenic, simple type, subchronic |
| Relational Table 3003 | 295.03 | Schizophrenic, simple type, subchronic with acute exacerbation |

| V0257 | Exclusive Check (if match, error) - R161 |

| Diagnosis Table 3005 | 295.11 | Schizophrenic, disorganized type, subchronic |
| Relational Table 3003 | 295.13 | Schizophrenic, disorganized type, subchronic with acute exacerbation |

| V0257 | Exclusive Check (if match, error) - R162 |

| Diagnosis Table 3005 | 295.21 | Schizophrenic, catatonic type, subchronic |
| Relational Table 3003 | 295.23 | Schizophrenic, catatonic type, subchronic with acute exacerbation |

| V0257 | Exclusive Check (if match, error) - R163 |

| Diagnosis Table 3005 | 295.31 | Schizophrenic, paranoid type, subchronic |
| Relational Table 3003 | 295.33 | Schizophrenic, paranoid type, subchronic with acute exacerbation |

| V0257 | Exclusive Check (if match, error) - R164 |

| Diagnosis Table 3005 | 295.41 | Acute schizophrenic episode, subchronic |
| Relational Table 3003 | 295.43 | Acute schizophrenic episode, subchronic with acute exacerbation |

V0257　　　　　**SCHIZOPHRENIA, SUBCHRONIC ... or .... SUBCHRONIC AND ACUTE?** - CONTINUED
(see guideline on page 332)

V0257　　　　　Exclusive Check (if match, error) - R165

Diagnosis Table 3005　　　　　295.51　　　　　Latent schizophrenic, subchronic

Relational Table 3003　　　　　295.53　　　　　Latent schizophrenic, subchronic with acute exacerbation

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V0257　　　　　Exclusive Check (if match, error) - R166

Diagnosis Table 3005　　　　　295.61　　　　　Residual schizophrenic, subchronic

Relational Table 3003　　　　　295.63　　　　　Residual schizophrenic, subchronic with acute exacerbation

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V0257　　　　　Exclusive Check (if match, error) - R167

Diagnosis Table 3005　　　　　295.71　　　　　Schizo-affective type, subchronic

Relational Table 3003　　　　　295.73　　　　　Schizo-affective type, subchronic with acute exacerbation

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V0257　　　　　Exclusive Check (if match, error) - R168

Diagnosis Table 3005　　　　　295.81　　　　　Schizophrenic types, subchronic

Relational Table 3003　　　　　295.83　　　　　Schizophrenic types, subchronic with acute exacerbation

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References:　　　ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 36-37 on "Combination Coding" rule and page 38 on "Multiple Coding" rule; 1991, page 41 on "Combination Coding" rule and page 42 on "Multiple Coding" rule; 1994 page 43 on "Combination Coding" rule and page 44 on "Multiple Coding" rule; 1996, page 43 on "Combination Coding" rule and page 44 on "Multiple Coding" rule.

Coding Clinic for ICD-9-CM, AHA, May/Jun 1984, pages 4-6; Mar/Apr 1985, page 3; Jan/Feb 1986, pages 8-10.

V0258   **SCHIZOPHRENIA, IN REMISSION OR ACTIVE?**
new 1/1/97

Guideline: During the current episode of care, it is illogical for schizophrenia to be both active and remission states. The correct interpretation in such cases is that one or the other should be used, but not both.

V0258   Exclusive check (if match, error) - R113

Diagnosis Table 3005   295.05   Schizophrenia, simple type, in remission

Relational Table 3003   295.01   Schizophrenia, simple type, subchronic
                              295.02   Schizophrenia, simple type, chronic
                              295.03   Schizophrenia, simple type, subchronic with acute exacerbation
                              295.04   Schizophrenia, simple type, chronic with acute exacerbation
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V0258   Exclusive check (if match, error) - R170

Diagnosis Table 3005   295.15   Schizophrenia, disorganized type, in remission

Relational Table 3003   295.11   Schizophrenia, disorganized type, subchronic
                              295.12   Schizophrenia, disorganized type, chronic
                              295.13   Schizophrenia, disorganized type, subchronic with acute exacerbation
                              295.14   Schizophrenia, disorganized type, chronic with acute exacerbation
----
V0258   Exclusive check (if match, error) - R171

Diagnosis Table 3005   295.25   Schizophrenia, catatonic type, in remission

Relational Table 3003   295.21   Schizophrenia, catatonic type, subchronic
                              295.22   Schizophrenia, catatonic type, chronic
                              295.23   Schizophrenia, catatonic type, subchronic with acute exacerbation
                              295.24   Schizophrenia, catatonic type, chronic with acute exacerbation
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V0258   **SCHIZOPHRENIA, IN REMISSION OR ACTIVE?** - CONTINUED
(see guideline on page 334)

V0258   Exclusive check (if match, error) - R172

Diagnosis Table 3005	295.35	Schizophrenia, paranoid type, in remission

Relational Table 3003	295.31	Schizophrenia, paranoid type, subchronic
	295.32	Schizophrenia, paranoid type, chronic
	295.33	Schizophrenia, paranoid type, subchronic with acute exacerbation
	295.34	Schizophrenia, paranoid type, chronic with acute exacerbation

---

V0258   Exclusive check (if match, error) - R173

Diagnosis Table 3005	295.45	Acute schizophrenia episode, in remission

Relational Table 3003	295.41	Acute schizophrenia episode, subchronic
	295.42	Acute schizophrenia episode, chronic
	295.43	Acute schizophrenia episode, subchronic with acute exacerbation
	295.44	Acute schizophrenia episode, chronic with acute exacerbation

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V0258   Exclusive check (if match, error) - R174

Diagnosis Table 3005	295.55	Latent schizophrenia, in remission

Relational Table 3003	295.51	Latent schizophrenia, subchronic
	295.52	Latent schizophrenia, chronic
	295.53	Latent schizophrenia, subchronic with acute exacerbation
	295.54	Latent schizophrenia, chronic with acute exacerbation

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V0258   Exclusive check (if match, error) - R175

Diagnosis Table 3005	295.65	Residual schizophrenia, in remission

Relational Table 3003	295.61	Residual schizophrenia, subchronic
	295.62	Residual schizophrenia, chronic
	295.63	Residual schizophrenia, subchronic with acute exacerbation
	295.64	Residual schizophrenia, chronic with acute exacerbation

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V0258   **SCHIZOPHRENIA, SUBCHRONIC ... or .... SUBCHRONIC AND ACUTE?** - CONTINUED
(see guideline on page 334)

V0258   Exclusive check (if match, error) - R176

Diagnosis Table 3005   295.75   Schizo-affective type, in remission

Relational Table 3003   295.71   Schizo-affective type, subchronic
                              295.72   Schizo-affective type, chronic
                              295.73   Schizo-affective type, subchronic with acute exacerbation
                              295.74   Schizo-affective type, chronic with acute exacerbation

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V0258   Exclusive check (if match, error) - R177

Diagnosis Table 3005   295.85   Schizophrenia types, in remission

Relational Table 3003   295.81   Schizophrenia types, subchronic
                              295.82   Schizophrenia types, chronic
                              295.83   Schizophrenia types, subchronic with acute exacerbation
                              295.84   Schizophrenia types, chronic with acute exacerbation

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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994 and 1996, pages 35-
                 38.

V0259   **SEVERE PSYCHOSES, WITH OR WITHOUT PSYCHOTIC BEHAVIOR?**
new 1/1/97

<u>Guideline</u>:   A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

Coding this condition with and without psychotic behavior is contradictory and distorts statistics.

V0259   Exclusive check (if match, error) - R115

Diagnosis Table 3005   296.03   Manic disorder, single episode, severe, without psychotic behavior

Relational Table 3003   296.04   Manic disorder, single episode, severe, with psychotic behavior

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V0259   Exclusive Check (if match, error) - R147

Diagnosis Table 3005   296.13   Manic disorder, recurrent episode, severe, without psychotic behavior

Relational Table 3003   296.14   Manic disorder, recurrent episode, severe, with psychotic behavior

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V0259   Exclusive Check (if match, error) - R148

Diagnosis Table 3005   296.23   Major depressive disorder, single episode, severe, without psychotic behavior

Relational Table 3003   296.24   Major depressive disorder, single episode, severe, with psychotic behavior

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V0259 **SEVERE PSYCHOSES, WITH OR WITHOUT PSYCHOTIC BEHAVIOR?** - CONTINUED
(see guideline on page 337)

V0259   Exclusive Check (if match, error) - R149

| Diagnosis Table 3005 | 296.33 | Major depressive disorder, recurrent episode, severe, without psychotic behavior |
| Relational Table 3003 | 296.34 | Major depressive disorder, recurrent episode, severe, with psychotic behavior |

V0259   Exclusive Check (if match, error) - R150

| Diagnosis Table 3005 | 296.43 | Bipolar affective disorder, manic, severe, without psychotic behavior |
| Relational Table 3003 | 296.44 | Bipolar affective disorder, manic, severe, with psychotic behavior |

V0259   Exclusive Check (if match, error) - R151

| Diagnosis Table 3005 | 296.53 | Bipolar affective disorder, depressed, severe, without psychotic behavior |
| Relational Table 3003 | 296.54 | Bipolar affective disorder, depressed, severe, with psychotic behavior |

V0259   Exclusive Check (if match, error) - R152

| Diagnosis Table 3005 | 296.63 | Bipolar affective disorder, mixed, severe, without psychotic behavior |
| Relational Table 3003 | 296.64 | Bipolar affective disorder, mixed, severe, with psychotic behavior |

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0260   **CONDUCT DISORDER, CHILDHOOD OR ADOLESCENCE?**
new 1/1/97

Guideline: During the current episode of care, it is illogical for the conduct disorder to be both childhood onset and adolescent onset. The correct interpretation in such cases is that one or the other should be used, but not both.

V0260   Exclusive check (if match, error) - R120

Diagnosis Table 3005   312.81   Conduct disorder, childhood onset type

Relational Table 3003   312.82   Conduct disorder, adolescent onset type

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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994 and 1996, pages 35-38.

V0261   **ATTENTION DEFICIT DISORDER, WITH OR WITHOUT HYPERACTIVITY?**
            new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

Coding attention deficit disorder (ADD) with and without hyperactivity is contradictory and distorts statistics.

V0261   Exclusive check (if match, error) - R121

Diagnosis Table 3005   314.00   Attention deficit disorder, without hyperactivity

Relational Table 3003   314.01   Attention deficit disorder, with hyperactivity

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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0262   **INCOMPLETE OR COMPLETE QUADRIPLEGIA?**
new 1/1/97

Guideline: During the current episode of care, it is illogical for the quadriplegia to be both incomplete and complete at the same level of spine. The correct interpretation in such cases is that one or the other should be used, but not both.

V0262   Exclusive check (if match, error) - R122

Diagnosis Table 3005   344.02   C1-C4 quadriplegia, incomplete

Relational Table 3003   344.01   C1-C4 quadriplegia, complete

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V0262   Exclusive check (if match, error) - R123

Diagnosis Table 3005   344.04   C5-C7 quadriplegia, incomplete

Relational Table 3003   344.03   C5-C7 quadriplegia, complete

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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994 and 1996, pages 35-38.

V0263   **WITH OR WITHOUT NEUROGENIC BLADDER?**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

Coding this condition with and without neurogenic bladder is contradictory and distorts statistics.

V0263   Exclusive check (if match, error) - R124

Diagnosis Table 3005   344.60   Cauda equina syndrome without neurogenic bladder

Relational Table 3003   344.61   Cauda equina syndrome with neurogenic bladder

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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0264   **WITH OR WITHOUT INTRACTABLE MIGRAINE?**
              new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

              Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

              Coding this condition with and without intractable migraine is contradictory and distorts statistics.

V0264   Exclusive check (if match, error) - R125

Diagnosis Table 3005   346.x0   Migraine, without intractability

Relational Table 3003   346.x1   Migraine, with intractability

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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

              Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

              ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0265   **HYPERTENSIVE DIAGNOSIS, BENIGN OR MALIGNANT?**
            new 1/1/97

Guideline: During the current episode of care, it is illogical for the hypertensive diagnosis to be both benign and malignant. The correct interpretation in such cases is that one or the other should be used, but not both.

V0265   Exclusive check (if match, error) - R126

Diagnosis Table 3005   401.0   Malignant hypertension

Relational Table 3003   401.1   Benign hypertension

V0265   Exclusive check (if match, error) - R127

Diagnosis Table 3005   402.0x   Malignant hypertensive heart disease

Relational Table 3003   402.1x   Benign hypertensive heart disease
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V0265   Exclusive check (if match, error) - R128

Diagnosis Table 3005   403.0x   Malignant hypertensive renal disease

Relational Table 3003   403.1x   Benign hypertensive renal disease
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V0265   Exclusive check (if match, error) - R129

Diagnosis Table 3005   404.0x   Malignant hypertensive heart and renal disease

Relational Table 3003   404.1x   Benign hypertensive heart and renal disease
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V0265   Exclusive check (if match, error) - R130

Diagnosis Table 3005   405.0x   Malignant secondary hypertension

Relational Table 3003   405.1x   Benign secondary hypertension
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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994 and 1996, pages 35-38.

V0266   **HYPERTENSION, WITH OR WITHOUT CHF AND/OR RENAL FAILURE?**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

Coding hypertensive congestive heart and renal disease with and without renal/heart failure, is contradictory and distorts statistics.

V0266   Exclusive check (if match, error) - R131

Diagnosis Table 3005   402.x0   Hypertensive heart disease, without congestive heart failure

Relational Table 3003   402.x1   Hypertensive heart disease, with congestive heart failure
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V0266   Exclusive check (if match, error) - R132

Diagnosis Table 3005   403.x0   Hypertensive renal disease, without renal failure

Relational Table 3003   403.x1   Hypertensive renal disease, with renal failure
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V0266   Exclusive check (if match, error) - R133

Diagnosis Table 3005   404.x0   Hypertensive heart/renal disease without congestive heart failure or renal failure

Relational Table 3003   404.x1   Hypertensive heart/renal disease with congestive heart failure
                               404.x2   Hypertensive heart/renal disease with renal failure
                               404.x3   Hypertensive heart/renal disease with congestive heart failure and renal failure
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V0266   **HYPERTENSION, WITH OR WITHOUT CHF AND/OR RENAL FAILURE?** - CONTINUED

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0267   **HYPERTENSIVE CHF AND RENAL FAILURE**
              COMBINATION CODE: 404.x3
              new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as hypertensive congestive failure and renal failure or when the Alphabetic Index so directs.

              Code 404.x3, hypertensive congestive heart failure and renal failure, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0267	Exclusive check (if match, error) - R134	
Diagnosis Table 3005	404.x1	Hypertensive heart/renal disease with congestive heart failure
Relational Table 3003	404.x3	Hypertensive heart/renal disease with congestive heart failure and renal failure

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V0267	Exclusive check (if match, error) - R135	
Diagnosis Table 3005	404.x2	Hypertensive heart/renal disease with renal failure
Relational Table 3003	404.x3	Hypertensive heart/renal disease with congestive heart failure and renal failure

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V0267	Exclusive check (if match, error) - R136	
Diagnosis Table 3005	404.x1	Hypertensive heart/renal disease with congestive heart failure
Relational Table 3003	404.x2	Hypertensive heart/renal disease with renal failure

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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

              ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44; 1996, page 46.

V0268   **LEFT AND RIGHT BUNDLE BRANCH BLOCK**
              COMBINATION CODE: 426.51-426.54
              new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as left and right bundle branch block or when the Alphabetic Index so directs.

              Codes 426.51-426.54, left and right bundle branch block, are combination codes that clearly identify all the elements documented in the diagnostic statement.

V0268   Exclusive check (if match, error) - R137

Diagnosis Table 3005   426.4   Right bundle branch block

Relational Table 3003   426.2   Left bundle branch block
                            426.3   Other left bundle branch block
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V0268   Exclusive check (if match, error) - R138

Diagnosis Table 3005   426.51   Right bundle branch block and left posterior fascicular block
                            426.52   Right bundle branch block and left anterior fascicular block

Relational Table 3003   426.4   Right bundle branch block

V0268   Exclusive check (if match, error) - X139

Diagnosis Table 3005   426.51   Right bundle branch block and left posterior fascicular block
                            426.52   Right bundle branch block and left anterior fascicular block

Relational Table 3003   426.3   Other left bundle branch block
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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

              ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown,RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44; 1996, page 46.

V0269   **LEFT AND RIGHT CONGESTIVE HEART FAILURE -**
                  COMBINATION CODE: 428.0
new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as left and right congestive heart failure or when the Alphabetic Index so directs.

Code 428.0, left and right congestive heart failure, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0269   Exclusive check (if match, error) - R140

Diagnosis Table 3005   428.0   Congestive heart failure (right)

Relational Table 3003   428.1   Left heart failure

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown,RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44; 1996, page 46.

V0270   **VERTEBROBASILAR SYNDROME .... and ... VERTEBRAL SYNDROME OR BASILAR SYNDROME?**
new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as basilar artery syndrome and vertebral artery syndrome or when the Alphabetic Index so directs.

Code 435.3, Vertebrobasilar artery syndrome, should be the only combination code that clearly identifies all the elements documented in the diagnostic statement.

V0270   Exclusive check (if match, error) - R141

Diagnosis Table 3005   435.3   Vertebrobasilar artery syndrome

Relational Table 3003   435.0   Basilar artery syndrome
                               435.1   Vertebral artery syndrome

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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown,RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44; 1996, page 46.

V0271   **ANEURYSM, WITH OR WITHOUT RUPTURE?**
                   new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

                   Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

                   Coding an aneurysm with and without rupture is contradictory and distorts statistics.

V0271   Exclusive check (if match, error) - X105

Diagnosis Table 3005   441.2   Thoracic aneurysm, without rupture

Relational Table 3003   441.1   Thoracic aneurysm, with rupture
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V0271   Exclusive check (if match, error) - X106

Diagnosis Table 3005   441.4   Abdominal aneurysm, without rupture

Relational Table 3003   441.3   Abdominal aneurysm, with rupture
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V0271   Exclusive check (if match, error) - X107

Diagnosis Table 3005   441.7   Thoracoabdominal aneurysm, without rupture

Relational Table 3003   441.6   Thoracoabdominal aneurysm, with rupture
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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

                   Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

                   ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0272   **HEMORRHOIDS, WITH OR WITHOUT COMPLICATION?**
          new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

Coding hemorrhoids with and without complication is contradictory and distorts statistics.

V0272	Exclusive check (if match, error) - X108

Diagnosis Table 3005	455.0	Internal hemorrhoids, without complication
Relational Table 3003	455.1	Internal hemorrhoids, thrombosed
	455.2	Internal hemorrhoids, with other complications

V0272	Exclusive check (if match, error) - X109

Diagnosis Table 3005	455.3	External hemorrhoids, without complication
Relational Table 3003	455.4	External hemorrhoids, thrombosed
	455.5	External hemorrhoids, with other complications

V0272	Exclusive check (if match, error) - X112

Diagnosis Table 3005	455.6	Unspecified hemorrhoids, without complication
Relational Table 3003	455.0	Unspecified hemorrhoids, thrombosed
	455.3	Unspecified hemorrhoids, with other complications

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0273   **UNSPECIFIED versus SPECIFIED HEMORRHOIDS**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category.

It is illogical for hemorrhoids to be both unspecified and specified from the same category on the same record.

V0273   Exclusive Check (if match, error) - X110

Diagnosis Table 3005   455.8   Unspecified hemorrhoids, with other complications

Relational Table 3003   455.1   Internal hemorrhoids, thrombosed
                              455.2   Internal hemorrhoids, with other complications
                              455.4   External hemorrhoids, thrombosed
                              455.5   External hemorrhoids, with other complications
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V0273   Exclusive Check (if match, error) - X111

Diagnosis Table 3005   455.7   Unspecified hemorrhoids, thrombosed

Relational Table 3003   455.1   Internal hemorrhoids, thrombosed
                              455.4   External hemorrhoids, thrombosed
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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0274   **VARICES, WITH OR WITHOUT BLEEDING?**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

Coding varices with and without bleeding is contradictory and distorts statistics.

V0274   Exclusive check (if match, error) - X113

Diagnosis Table 3005   456.1   Esophageal varices without bleeding

Relational Table 3003   456.0   Esophageal varices with bleeding
                               456.20   Esophageal varices with bleeding, in diseases classified elsewhere

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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0275   **LARYNX AND/OR TRACHEA, WITH and WITHOUT OBSTRUCTION?**
               new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

               Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

               Coding this condition with and without obstruction is contradictory and distorts statistics.

V0275   Exclusive check (if match, error) - X115

Diagnosis Table 3005   464.10   Acute tracheitis without obstruction

Relational Table 3003   464.11   Acute tracheitis with obstruction
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V0275   Exclusive check (if match, error) - X116

Diagnosis Table 3005   464.20   Acute laryngotracheitis without obstruction

Relational Table 3003   464.21   Acute laryngotracheitis with obstruction
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V0275   Exclusive check (if match, error) - X117

Diagnosis Table 3005   464.30   Acute epiglottitis without obstruction

Relational Table 3003   464.31   Acute epiglottitis with obstruction
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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

               Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

               ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0276   **HYPERTROPHY OF TONSILS AND ADENOIDS**
              COMBINATION CODE: 474.12
              new 1/1/97

<u>Guideline</u>:   Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as hypertrophy of tonsils and adenoids or when the Alphabetic Index so directs.

Code 474.10, hypertrophy of tonsils and adenoids, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0276   Exclusive check (if match, error) - R142

Diagnosis Table 3005   474.11   Hypertrophy of tonsils

Relational Table 3003   474.12   Hypertrophy of adenoids

<u>References</u>:   ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown,RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44; 1996, page 46.

V0277   LARYNGITIS ... or .... LARYNGOTRACHEITIS?
new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as the inflammation of the larynx and trachea or when the Alphabetic Index so directs.

Code 476.1, chronic laryngotracheitis, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0277   Exclusive Check (if match, error) - R143

Diagnosis Table 3005   476.1   Chronic laryngotracheitis

Relational Table 3003   476.0   Chronic laryngitis

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 36-37 on "Combination Coding" rule and page 38 on "Multiple Coding" rule; 1991, page 41 on "Combination Coding" rule and page 42 on "Multiple Coding" rule; 1994 page 43 on "Combination Coding" rule and page 44 on "Multiple Coding" rule; 1996, page 43 on "Combination Coding" rule and page 44 on "Multiple Coding" rule.

Coding Clinic for ICD-9-CM, AHA, May/Jun 1984, pages 4-6; Mar/Apr 1985, page 3; Jan/Feb 1986, pages 8-10.

V0278   **ILLOGICAL CODES FOR VOCAL CORD PARALYSIS**
new 1/1/97

Guideline: During the current episode of care, it is illogical for bilateral complete vocal cord paralysis to be reported along with other vocal cord paralysis codes.

Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0278   Exclusive check (if match, error) - X124

Diagnosis Table 3005   478.34   Bilateral, complete, paralysis of vocal cord

Relational Table 3003   478.31   Unilateral, partial, paralysis of vocal cord
                               478.32   Unilateral, complete, paralysis of vocal cord
                               478.33   Bilateral, partial, paralysis of vocal cord
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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994 and 1996, pages 35-38.

V0279　　**OBSTRUCTIVE CHRONIC BRONCHITIS, WITH and WITHOUT ACUTE EXACERBATION?**
new 1/1/97

Guideline:　　A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

Coding obstructive chronic bronchitis with and without acute exacerbation is contradictory and distorts statistics.

V0279　　Exclusive check (if match, error) - X118

Diagnosis Table 3005　　491.20　　Obstructive chronic bronchitis, without acute exacerbation

Relational Table 3003　　491.21　　Obstructive chronic bronchitis, with acute exacerbation

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References:　　ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0280   **WITH OR WITHOUT STATUS ASTHMATICUS?**
                   new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

                 Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

                 Coding this condition with and without status asthmaticus is contradictory and distorts statistics.

V0280   Exclusive check (if match, error) - X119

Diagnosis Table 3005   493.x0   Asthma, without status asthmaticus

Relational Table 3003   493.x1   Asthma, with status asthmaticus

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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

                 Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

                 ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0281   **EMPYEMA, WITH OR WITHOUT FISTULA?**
                 new 1/1/97

<u>Guideline</u>:   A single code used to classify two diagnoses or a diagnosis with an associated secondary process
                 (manifestation) or complication is called a combination code. A combination code clearly identifies
                 all the elements documented in the diagnostic statement.

                 Combination codes can be located in the index lists referring to the subterm entries, with particular
                 reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by
                 reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned
                 when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so
                 directs.</u>

                 Coding empyema with and without fistula is contradictory and distorts statistics.

V0281   Exclusive check (if match, error) - X120

Diagnosis Table 3005   510.9   Empyema without fistula

Relational Table 3003   510.0   Empyema with fistula

<u>References</u>:   ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and
                 codes.

                 Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986,
                 page 8.

                 ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37;
                 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0282   **ANGIODYSPLASIA, WITH OR WITHOUT HEMORRHAGE?**
             new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

Coding angiodysplasia with and without hemorrhage is contradictory and distorts statistics.

V0282   Exclusive check (if match, error) - X121

Diagnosis Table 3005   537.82   Angiodysplasia of stomach and duodenum, without hemorrhage

Relational Table 3003   537.83   Angiodysplasia of stomach and duodenum, with hemorrhage
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V0282   Exclusive check (if match, error) - X122

Diagnosis Table 3005   569.84   Angiodysplasia of intestine, without hemorrhage

Relational Table 3003   569.85   Angiodysplasia of intestine, with hemorrhage
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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0283   **CIRRHOSIS, WITH OR WITHOUT ALCOHOL?**
              new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

              Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

              Coding cirrhosis with and without alcohol is contradictory and distorts statistics.

V0283   Exclusive check (if match, error) - X123

Diagnosis Table 3005   571.5   Cirrhosis of liver without mention of alcohol

Relational Table 3003   571.2   Cirrhosis of liver with mention of alcohol

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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

              Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

              ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0284   **ACUTE AND CHRONIC CHOLECYSTITIS**
                 COMBINATION CODE: 575.12
                 new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as acute and chronic cholecystitis or when the Alphabetic Index so directs.

                 Code 575.12, acute and chronic cholecystitis, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0284   Exclusive check (if match, error) - R144

Diagnosis Table 3005	575.12	Acute and chronic cholecystitis
Relational Table 3003	575.0	Acute cholecystitis
	575.10	Cholecystitis
	575.11	Chronic cholecystitis

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

                ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown,RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44; 1996, page 46.

V0285   **AMEBIC ABSCESS - COMBINATION CODE: 006.5**
new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as amebic abscess of brain, liver, and lung, or when the Alphabetic Index so directs.

Code 006.5, amebic brain abscess include involvement with liver and/or lung, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0285   Exclusive check (if match, error) - R043

Diagnosis Table 3005   006.5   Amebic brain abscess (and liver) (and lung)

Relational Table 3003   006.3   Amebic liver abscess
                               006.4   Amebic lung abscess

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown,RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44; 1996, page 46.

V0286   **LIVER CANCER, PRIMARY OR SECONDARY?**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category.

It is illogical for liver cancer to be both unspecified and specified (such as primary or secondary) on the same record.

V0286   Exclusive Check (if match, error) - N031

Diagnosis Table 3005   155.2   Malignant neoplasm, liver, not specified as primary or secondary

Relational Table 3003   155.0   Malignant neoplasm, liver, primary
                               197.7   Malignant neoplasm, liver secondary

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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0287   MADURA FOOT, WITH OR WITHOUT MYCOTIC INFECTION?
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

Coding this condition with and without mycotic infection is contradictory and distorts statistics.

V0287   Exclusive check (if match, error) - X103

Diagnosis Table 3005   039.4   Madura foot

Relational Table 3003   117.4   Madura foot due to mycotic infection

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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0288   **MALNUTRITION, HIGHEST HIERARCHY ONLY**
                  new 1/1/97

Guideline: Malnutrition with different degrees (mild, moderate, severe) are classified to the highest or most severe degree only. These codes are listed in order of increasing priority.

                  During the current episode of care, it is illogical for malnutrition to be simultaneously mild, moderate, and severe.

V0288   Exclusive Check (if match, error) - R045

Diagnosis Table 3005   261   Nutritional marasmus (severe)
                              262   Other severe protein-calorie malnutrition

Relational Table 3003   263.0   Malnutrition, moderate
                              263.1   Malnutrition, mild

References: ICD-9-CM Codebook, Tabular Section, Inclusion Notes under code 440.23.

                  ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12 and 36-37; 1991, pages 11-12 and 41; 1994 and 1996, pages 35-38.

V0289   **PHYSICAL ABUSE, ACTIVE OR HISTORY?**
                   new 1/1/97

Guideline: If the condition mentioned is still present or under treatment or if the patient is seen for a complication, the code for the condition is assigned, instead of a history code. A history code indicates that the patient no longer has the condition.

               During the current episode of care, it is illogical for the physical abuse to be both active and historical states. The correct interpretation in such cases is that one or the other should be used, but not both.

V0289   Exclusive Check (if match, error) - N032

Diagnosis Table 3005   V15.41   History of physical abuse

Relational Table 3003   995.54   Child physical abuse
                              995.81   Adult physical abuse

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994, pages 35-38, 75; 1996, pages 35-38, 76-77.

V0290   **EMOTIONAL ABUSE, ACTIVE OR HISTORY?**
                   new 1/1/97

Guideline: If the condition mentioned is still present or under treatment or if the patient is seen for a complication, the code for the condition is assigned, instead of a history code. A history code indicates that the patient no longer has the condition.

               During the current episode of care, it is illogical for the physical abuse to both active and historical state. The correct interpretation in such cases is that one or the other should be used, but not both.

V0290   Exclusive Check (if match, error) - N033

Diagnosis Table 3005   V15.42   History of emotional abuse

Relational Table 3003   995.51   Child emotional abuse
                              995.82   Adult emotional abuse

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994, pages 35-38, 75; 1996, pages 35-38, 76-77.

V0291   **ADULT ABUSE, COUNSELING OR TREATMENT?**
              new 1/1/97

Guideline: Counseling V codes are used when a patient or family member receives assistance in the aftermath of an illness or injury, or when support is required in coping with family or social problems. They are not necessary for use in conjunction with a diagnosis code when the counseling component of care is considered integral to standard treatment.

              During this current episode of care, it is illogical for both the treatment of the adult abuse injury (which includes counseling component) and the counseling of adult abuse to be reported together. The correct interpretation in such cases is that one or the other should be used, but not both.

V0291   Exclusive check (if match, error) - N034

Diagnosis Table 3005   995.80-   Adult abuse
                             995.85

Relational Table 3003   V61.11   Counseling for victim of spousal and partner abuse

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References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1996, pages 41-42, 55.

V0292   **CHILD ABUSE, COUNSELING OR TREATMENT?**
                new 1/1/97

Guideline: Counseling V codes are used when a patient or family member receives assistance in the aftermath of an illness or injury, or when support is required in coping with family or social problems. They are not necessary for use in conjunction with a diagnosis code when the counseling component of care is considered integral to standard treatment.

During this current episode of care, it is illogical for both the treatment of the child abuse injury (which includes counseling component) and the counseling of child abuse to be reported together. The correct interpretation in such cases is that one or the other should be used, but not both.

V0292   Exclusive check (if match, error) - N035

Diagnosis Table 3005   995.50-   Child abuse
                              995.59

Relational Table 3003   V61.21   Counseling for victim of child abuse

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References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1996, pages 38-40, 55.

V0293   **CHILD PSYCHOSES, RESIDUAL OR ACTIVE?**
             new 1/1/97

Guideline: During the current episode of care, it is illogical for psychosis to be both a current or active state, and a residual state. The correct interpretation in such cases is that one or the other should be used, but not both.

V0293   Exclusive check (if match, error) - R116

Diagnosis Table 3005   299.01   Autism, residual

Relational Table 3003   299.00   Autism, active state

V0293   Exclusive check (if match, error) - R145

Diagnosis Table 3005   299.11   Disintegrative psychosis, residual

Relational Table 3003   299.10   Disintegrative psychosis, active
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V0293   Exclusive check (if match, error) - R146

Diagnosis Table 3005   299.81   Early childhood psychoses, residual

Relational Table 3003   299.80   Early childhood psychoses, active
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References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994 and 1996, pages 35-38.

V0294   **LATE EFFECT or ACTIVE CONDITION?**
new 1/1/97

Guideline: A late effect is the residual condition that remains after the termination of the acute phase of an illness or injury. A late effect code is never assigned with a current injury or illness code with which it is associated. A current injury or illness must be resolved before the late effect code is assigned.

V0294	Exclusive check (if match, error) - X099	

Diagnosis Table 3005	011-012	Respiratory tuberculosis
Relational Table 3003	137.0	Late effects of respiratory tuberculosis

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V0294	Exclusive check (if match, error) - X100	

Diagnosis Table 3005	013	CNS tuberculosis
Relational Table 3003	137.1	Late effects of CNS tuberculosis

V0294	Exclusive check (if match, error) - X101	

Diagnosis Table 3005	016	Tuberculosis of genitourinary system
Relational Table 3003	137.2	Late effects of genitourinary tuberculosis

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V0294	Exclusive check (if match, error) - X102	

Diagnosis Table 3005	015	Tuberculosis of bones and joints
Relational Table 3003	137.3	Late effects of tuberculosis, bones and joints

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V0294	Exclusive check (if match, error) - X104	

Diagnosis Table 3005	045	Acute poliomyelitis
Relational Table 3003	138	Late effects of acute poliomyelitis

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V0294   **LATE EFFECT or ACTIVE CONDITION?** - CONTINUED
               (see guideline on page 374)

V0294   Exclusive check (if match, error) - X097

Diagnosis Table 3005   062-064   Viral encephalitis

Relational Table 3003   139.0   Late effects of viral encephalitis

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V0294   Exclusive check (if match, error) - X098

Diagnosis Table 3005   076   Trachoma

Relational Table 3003   139.1   Late effects of trachoma

V0294   Exclusive check (if match, error) - R094

Diagnosis Table 3005   268.1   Rickets, late effects

Relational Table 3003   268.0   Rickets, active

References: ICD-9-CM Codebook, Instruction Notes under each late effect code.

                 ICD-9-CM Coding Handbook with Answers, Revised Edition, 1989, Faye Brown, RRA, pages 43-50; 1994 and 1996, pages 50-53.

                 ICD-9-CM Coding and Reporting Official Guidelines, AHA, AMRA, HCFA, & NCHS, Guideline 1.7.

                 Coding Clinic, May/Jun 1984, pages 6-7; Mar/Apr 1985, page 14; Mar/Apr 1986, pages 5-6; 2nd Quarter 1990, pages 6-7.

                 JAMRA, September 1985, pages 14-16.

V0295   **AMNESIA, WITH OR WITHOUT ALCOHOL?**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

Coding amnesia with and without alcohol is contradictory and distorts statistics.

V0295   Exclusive check (if match, error) - R098

Diagnosis Table 3005   294.0   Amnestic syndrome (nonalcoholic)

Relational Table 3003   291.1   Alcoholic amnestic syndrome

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0296   **ALCOHOL WITHDRAWAL, WITH OR WITHOUT SPECIFIED CONDITION**
                  new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

                  Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so direct.</u>

                  Coding alcohol withdrawal with and without specified condition is contradictory and distorts statistics.

V0296   Exclusive check (if match, error) - R047

Diagnosis Table 3005   291.81   Alcohol withdrawal

Relational Table 3003   291.0   Alcohol withdrawal delirium
                            291.3   Alcohol withdrawal hallucinosis
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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

                  Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

                  ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0297   **USE COMBINATION CODE FOR HYPOCHONDRIASIS**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under code 300.7.

V0297   Exclusive check (if match, error) - R050

Diagnosis Table 3005   300.7   Hypochondriasis

Relational Table 3006   295.xx   "hypochondriasis" in schizophrenia
                          296.2   "hypochondriasis" in manic-depressive psychosis
                          296.3   "hypochondriasis" in manic-depressive psychosis
                          300.1x   "hypochondriasis" in hysteria
                          300.5   "hypochondriasis" in neurasthenia
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References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989 pages 11-12, 36-37; 1991 pages 11-12, 41; 1994 pages 11-12, 43.

V0298   **518.84 COMBINATION CODE FOR ACUTE AND CHRONIC RESPIRATORY FAILURE NEEDED**
n*ew as of 10-1-98*

Guideline: Code 518.84, Acute and chronic respiratory failure, is a combination code that clearly identifies all the elements documented in the diagnostic statement. This is effective for discharges on or after October 1, 1998.

Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Therefore, the combination code 518.84 is more appropriate because it fully identifies both acute respiratory failure and chronic respiratory failure.

V0298   Exclusive check (if match, error) – R178

Diagnosis Table 3005   518.83   Chronic respiratory failure

Relational Table 3003   518.81   Acute respiratory failure

HINT: The combination code is 518.84 (Acute and chronic respiratory failure).

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under code 518.8

V0299   **URINARY TRACT INFECTION – SITE SPECIFIED VERSUS UNSPECIFIED –
NEW 6/1/99**

Guidelines   Urinary Tract Infections (UTI) are assigned codes based on the "site" of the infection. UTI refers to lower urinary tract infection, such as urethritis and cystitis, or upper urinary tract infection, such as pyelonephritis.

Code 599.0, Urinary Tract Infection Site Not Specified, should not be used in combination with codes that specifically identify the site(s) of the UTI. For example, if the term "acute cystitis" and "urinary tract infection" are both documented separately on the final diagnosis sheet, only the code for the acute cystitis should be assigned. If the infection has spread to other sites, these may be coded, as well. It should be noted that urinary tract infections that are due to sexually transmitted disease, such as candidiasis or chlamydia would be coded elsewhere.

V0299   Exclusive check (if match, error) – Y434

Diagnosis Table 3005   590   Infection of kidney
                        595   Cystitis
                        597.8   Urethritis

Relational Table 3003   599.0   Urinary tract infection, site not specified
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References: Coding Clinic for ICD-9-CM, AHA, 2nd Quarter 1999, pages 15-16.

V0300   MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE

Guideline: This dual classification is used to describe the assignment of two codes for certain diagnostic statements that contain information about both a manifestation and the underlying disease (etiology) with which it is associated. Mandatory multiple coding of this type is identified in the Tabular List by the use of italic type and by the printed instruction "Code also underlying disease." It is identified in the Alphabetic Index by the use of the second code in slanted brackets and italic type. The first code identifies the underlying condition (etiology) and the second italicized code identifies the manifestation listed. Both codes must be assigned.

V0300   Inclusive check (if no match, error) - D001

Diagnosis Table 3005   *320.7*   *Meningitis in other bacterial diseases classified elsewhere*

Relational Table 3003   002.0   Typhoid fever
                               027.0   Listeriosis
                               033.0   Bordetella pertussis
                               033.1   Bordetella parapertussis
                               033.8   Whooping cough due to other specified organism
                               033.9   Whooping cough, unspecified organism
                               039.8   Actinomycotic infections of other specified sites
                               088.81   Lyme Disease (per Index)

V0300   Inclusive check (if no match, error) - D002

Diagnosis Table 3005   *321.0*   *Cryptococcal meningitis*

Relational Table 3000   117.5   Cryptococcosis

V0300   Inclusive check (if no match, error) - D003

Diagnosis Table 3005   *321.1*   *Meningitis in other fungal diseases*

Relational Table 3003   110-118   Mycoses

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D004

Diagnosis Table 3005   *321.2*   *Meningitis due to viruses not elsewhere classified*

Relational Table 3003   045.x   Acute poliomyelitis (per Index)
                              060.0   Sylvatic yellow fever
                              060.1   Urban yellow fever
                              060.9   Yellow fever, unspecified
                              062.0   Japanese encephalitis
                              062.1   Western equine encephalitis
                              062.2   Eastern equine encephalitis
                              062.3   St. Louis encephalitis
                              062.4   Australian encephalitis
                              062.5   California virus encephalitis
                              062.8   Other specified mosquito-borne viral encephalitis
                              062.9   Mosquito-borne viral encephalitis, unspecified
                              063.0   Russian spring-summer encephalitis
                              063.1   Louping ill tick-borne viral encephalitis
                              063.2   Central European encephalitis
                              063.8   Other specified tick-borne viral encephalitis
                              063.9   Tick-borne viral encephalitis, unspecified
                              064   Viral encephalitis transmitted by other and unspecified arthropods
                              065.0   Crimean hemorrhagic fever
                              065.1   OMSK hemorrhagic fever
                              065.2   Kyasanur forest disease
                              065.3   Other tick-borne hemorrhagic fever
                              065.4   Mosquito-borne hemorrhagic fever
                              065.8   Other specified arthropod-borne hemorrhagic fever
                              065.9   Arthropod-borne hemorrhagic fever, unspecified
                              066.0   Phlebotomus fever
                              066.1   Tick borne fever
                              066.2   Venezuelan equine fever
                              066.3   Other mosquito-borne fever
                              066.8   Other specified arthropod-borne viral diseases
                              066.9   Arthropod-borne viral disease, unspecified

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V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D005

Diagnosis Table 3005   *321.3*   *Meningitis due to trypanosomiasis*

Relational Table 3003   086.0   Chagas' disease with heart involvement
                             086.1   Chagas' disease with other organ involvement
                             086.2   Chagas' disease without mention of organ involvement
                             086.3   Gambian trypanosomiasis
                             086.4   Rhodesian trypanosomiasis
                             086.5   African trypanosomiasis, unspecified
                             086.9   Trypanosomiasis, unspecified

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V0300   Inclusive check (if no match, error) - D006

Diagnosis Table 3005   *321.4*   *Meningitis in sarcoidosis*

Relational Table 3003   135   Sarcoidosis

V0300   Inclusive check (if no match, error) - D007

Diagnosis Table 3005   *323.0*   *Encephalitis in viral diseases classified elsewhere*

Relational Table 3003   073.7   Ornithosis with other specified complications
                             075   Infectious mononucleosis
                             078.3   Cat-scratch disease

V0300   Inclusive check (if no match, error) - D008

Diagnosis Table 3005   *323.1*   *Encephalitis in rickettsial diseases classified elsewhere*

Relational Table 3003   080   Louse-borne typhus
                             081.0   Murine typhus
                             081.1   Brill's disease

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
            (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D008 - Continued

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Diagnosis Table 3005   *323.1*   *Encephalitis in rickettsial diseases classified elsewhere*
                                               (continued)

Relational Table 3003   081.2   Scrub typhus
                              081.9   Typhus, unspecified
                              082.0   Spotted fever
                              082.1   Boutonneuse fever
                              082.2   North Asian tick fever
                              082.3   Queensland tick typhus
                              082.8   Other specified tick-borne rickettsioses
                              082.9   Tick-borne rickettsiosis, unspecified
                              083.0   Q fever
                              083.1   Trench fever
                              083.2   Rickettsialpox
                              083.8   Other specified rickettsioses
                              083.9   Rickettsiosis, unspecified

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V0300   Inclusive check (if no match, error) - D009

Diagnosis Table 3005   *323.2*   *Encephalitis in protozoal diseases classified elsewhere*

Relational Table 3003   084.x   Malaria
                              086.x   Trypanosomiasis

V0300   Inclusive check (if no match, error) - D010

Diagnosis Table 3005   *323.7*   *Toxic encephalitis*

Relational Table 3003   961.3   Poisoning by Hydroxyquinoline derivatives
                              982.1   Toxic effect of Carbon tetrachloride
                              984.x   Toxic effect of Lead compounds
                              985.0   Toxic effect of Mercury
                              985.8   Toxic effect of other specified metals - Thallium
                              987.x   Toxic effect of other gases, fumes, or vapors
                              989.9   Toxic effect of unspecified substance (per Index)

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D011

Diagnosis Table 3005   *330.2*   *Cerebral degeneration in generalized lipidoses*

Relational Table 3003   272.7   Lipidoses (Fabry's disease, Gaucher's disease, Niemann-Pick disease, Sphingolipidosis)

V0300   Inclusive check (if no match, error) - D012

Diagnosis Table 3005   *330.3*   *Cerebral degeneration of childhood in other diseases classified elsewhere*

Relational Table 3003   277.5   Mucopolysaccharidosis or Hunter's disease

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V0300   Inclusive check (if no match, error) - D013

Diagnosis Table 3005   *331.7*   *Cerebral degeneration in diseases classified elsewhere*

Relational Table 3003   140-239   Neoplasms
                               244.x   Hypothyroidism/Myxedema
                               265.0   Beriberi
                               266.2   Other B-complex deficiencies
                               303.0x   Acute alcoholic intoxication
                               303.9x   Other and unspecified alcohol dependence
                               430-438   Cerebrovascular disease
                               741.0x   Spina bifida with hydrocephalus
                               742.3   Congenital hydrocephalus

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V0300   Inclusive check (if no match, error) - D014

Diagnosis Table 3005   *334.4*   *Cerebellar ataxia in diseases classified elsewhere*

Relational Table 3003   140-239   Neoplasms
                               244.x   Hypothyroidism/Myxedema
                               303.0x   Acute alcoholic intoxication
                               303.9x   Other and unspecified alcohol dependence

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V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D015

Diagnosis Table 3005	*336.2*	*Subacute combined degeneration of spinal cord in diseases*
Relational Table 3003	266.2	Other B-complex deficiencies
	281.0	Pernicious anemia
	281.1	Other vitamin B12 deficiency anemia

V0300   Inclusive check (if no match, error) - D016

Diagnosis Table 3005	*336.3*	*Myelopathy in other diseases classified elsewhere*
Relational Table 3003	042	HIV disease (per Index)
	140-239	Neoplasms
	250.6x	Diabetes with neurological manifestations (per Index)
	281.0	Pernicious Anemia (per Index)
	324.1	Intraspinal Abscess (per Index)

V0300   Inclusive check (if no match, error) - D017

Diagnosis Table 3005	*337.1*	*Peripheral autonomic neuropathy in disorders classified elsewhere*
Relational Table 3003	242.9x	Thyrotoxicosis without mention of goiter or other cause (per Index)
	250.6x	Diabetes with neurological manifestations
	274.89	Other Gout (per Index)
	277.3	Amyloidosis

V0300   Inclusive check (if no match, error) - D018

Diagnosis Table 3005	*357.1*	*Polyneuropathy in collagen vascular disease*
Relational Table 3003	446.0	Polyarteritis nodosa and allied conditions
	710.x	Diffuse diseases of connective tissue
	714.0	Rheumatoid arthritis

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D019

Diagnosis Table 3005	*357.2*	*Polyneuropathy in diabetes*
Relational Table 3003	250.6x	Diabetes with neurological manifestations

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V0300 Inclusive check (if no match, error) - D020

Diagnosis Table 3005	*357.3*	*Polyneuropathy in malignant disease*
Relational Table 3003	140-208	Neoplasms

V0300   Inclusive check (if no match, error) - D021

Diagnosis Table 3005	*357.4*	*Polyneuropathy in other diseases classified elsewhere*
Relational Table 3003	032.x	Diphtheria
	042	Human Immunodeficiency virus [HIV] disease
	135	Sarcoidosis
	251.2	Hypoglycemia, unspecified
	265.0	Beriberi
	265.2	Pellagra
	266.x	Deficiency of B vitamins
	269.1	Deficiency of other vitamins (per Index)
	269.2	Unspecified vitamin deficiency (per Index)
	269.8	Other nutritional deficiency (per Index)
	269.9	Unspecified nutritional deficiency (per Index)
	274.89	Other gout with other manifestations (per Tabular)
	277.1	Disorders of porphyrin metabolism
	277.3	Amyloidosis
	281.0	Pernicious anemia (per Index)
	281.1	Other Vitamin B deficiency anemia (per Index)
	403.x1	Hypertensive renal disease with renal failure
	404.x2	Hypertensive heart and renal disease with renal failure
	404.x3	Hypertensive heart and renal disease with congestive heart and renal failure
	585	Chronic renal failure

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D022

Diagnosis Table 3005	358.1	*Myasthenic syndromes in diseases classified elsewhere*

Relational Table 3003	005.1	Botulism
	140-208	Neoplasms
	242.x	Thyrotoxicosis
	244.x	Hypothyroidism/Myxedema
	250.6x	Diabetes with neurological manifestations
	281.0	Other vitamin B12 deficiency anemia

V0300   Inclusive check (if no match, error) - D023

Diagnosis Table 3005	359.5	*Myopathy in endocrine disease classified elsewhere*

Relational Table 3003	242.x	Thyrotoxicosis
	243.	Cretinism (per Index)
	244.x	Hypothyroidism/Myxedema
	250.6x	Diabetes with neurological manifestations
	252.x	Disorders of parathyroid gland (per Index)
	253.2	Panhypopituitarism
	255.0	Cushing's syndrome
	255.3	Other corticoadrenal overactivity (per Index)
	255.4	Corticoadrenal insufficiency
	259.8	Other specified endocrine disorders (per Index)
	259.9	Unspecified endocrine disorder (per Index)

V0300   Inclusive check (if no match, error) - D024

Diagnosis Table 3005	359.6	*Symptomatic inflammatory myopathy in diseases classified elsewhere*

Relational Table 3003	135	Sarcoidosis
	140-208	Neoplasms
	277.3	Amyloidosis
	446.0	Polyarteritis nodosa
	446.5	Giant cell arteritis (per Index)
	710.x	Diffuse diseases of connective tissue (per Index)
	714.0	Rheumatoid arthritis

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D025

Diagnosis Table 3005	*362.01*	*Background diabetic retinopathy*
	362.02	*Proliferative diabetic retinopathy*
Relational Table 3003	250.5x	Diabetes with ophthalmic manifestations

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V0300   Inclusive check (if no match, error) - D026

Diagnosis Table 3005	*362.71*	*Retinal dystrophy in other systemic disorders and syndromes*
Relational Table 3003	272.7	Lipidoses
	330.1	Cerebral lipidoses

V0300   Inclusive check (if no match, error) - D027

Diagnosis Table 3005	*362.72*	*Retinal dystrophy in other systemic disorders and syndrome*
Relational Table 3003	272.5	Lipoprotein deficiencie s (Bassen-Kornzweig syndrome)
	356.3	Refsum's disease

V0300   Inclusive check (if no match, error) - D028

Diagnosis Table 3005	*364.11*	*Chronic iridocyclitis in diseases classified elsewhere*
Relational Table 3003	017.3x	Tuberculosis of eye
	030.0	Leprosy (per Index)
	090.0	Congenital syphilis (per Index)
	095.8	Papulosa *(not programmed for this edit)*
	135	Sarcoidosis
	274.89	Other Gout with specified manifestations (per Tabular)

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D029

Diagnosis Table 3005   *365.41*   *Glaucoma associated with chamber angle anomalies*

Relational Table 3003   743.44   Specified anomalies of anterior chamber, chamber angle, and related structures   (Axenfeld's anomaly or Rieger's anomaly or syndrome)

V0300   Inclusive check (if no match, error) - D030

Diagnosis Table 3005   *365.42*   *Glaucoma associated with anomalies of iris*

Relational Table 3003   365.51   Phacolytic glaucoma
                                    743.45   Aniridia
                                    743.46   Iris anomalies

V0300   Inclusive check (if no match, error) - D031

Diagnosis Table 3005   *365.43*   *Glaucoma associated with other anterior segment anomalies*

Relational Table 3003   743.41   Anomalies of corneal size and shape (microcornea)

V0300   Inclusive check (if no match, error) - D032

Diagnosis Table 3005   *365.44*   *Glaucoma associated with systemic syndromes*

Relational Table 3003   237.7x   Neurofibromatosis
                                    759.6   Other hamartoses, not elsewhere classified (Sturge-Weber(-Dimitri) syndrome)
                                    759.89   Other specified congenital anomalies

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V0300   Inclusive check (if no match, error) - D033

Diagnosis Table 3005   *366.41*   *Diabetic cataract*

Relational Table 3003   250.5x   Diabetes with ophthalmic manifestations

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V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D034

Diagnosis Table 3005   *366.42*   *Tetanic cataract*

Relational Table 3003   252.1   Hypoparathyroidism
                               275.4x   Disorders of calcium metabolism (calcinosis)

V0300   Inclusive check (if no match, error) - D035

Diagnosis Table 3005   *366.43*   *Myotonic cataract*

Relational Table 3003   359.2   Myotonic disorders

V0300   Inclusive check (if no match, error) - D036

Diagnosis Table 3005   *366.44*   *Cataract associated with other syndromes*

Relational Table 3003   244.9   Myxedema (per Index) *(not programmed for this edit)*
                               271.1   Galactosemia
                               756.0   Anomalies of skull and face bones (craniofacial dysotosis)

V0300   Inclusive check (if no match, error) - D037

Diagnosis Table 3005   *370.44*   *Keratitis or keratoconjunctivitis in exanthema*

Relational Table 3003   050.x   Smallpox
                               051.x   Cowpox and Paravaccinia
                               052.x   Chickenpox/Varicella
                               057.9   Viral exanthem, unspecified (per Index)

V0300   Inclusive check (if no match, error) - D038

Diagnosis Table 3005   *371.05*   *Phthisical cornea*

Relational Table 3003   017.3x   Tuberculosis of eye

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE -** CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D039

Diagnosis Table 3005	372.15	*Parasitic conjunctivitis*
Relational Table 3003	085.5	Mucocutaneous leishmaniasis
	125.x	Filariasis

V0300   Inclusive check (if no match, error) - D040

Diagnosis Table 3005	372.31	*Rosacea conjunctivitis*
Relational Table 3003	695.3	Rosacea dermatitis

V0300   Inclusive check (if no match, error) - D041

Diagnosis Table 3005	372.33	*Conjunctivitis in mucocutaneous disease*
Relational Table 3003	099.3	Reiter's disease
	695.1	Erythema multiforme

V0300   Inclusive check (if no match, error) - D042

Diagnosis Table 3005	373.4	*Infective dermatitis of eyelid of types resulting in deformity*
Relational Table 3003	017.0x	Tuberculosis of skin and subcutaneous cellular tissue
	030.x	Leprosy
	102.x	Yaws

V0300   Inclusive check (if no match, error) - D043

Diagnosis Table 3005	373.5	*Other infective dermatitis of eyelid*
Relational Table 3003	039.3	Cervicofacial actinomycosis
	051.0	Cowpox (vaccinia)
	110-111	Dermatophytosis/Mycotic dermatitis
	684	Impetigo
	999.0	Generalized vaccinia (from vaccination)

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D044

Diagnosis Table 3005	*373.6*	*Parasitic infestation of eyelid*
Relational Table 3003	085.x	Leishmaniasis
	125.2	Loiasis
	125.3	Onchocerciasis
	132.0	Pediculus capitis (head louse)
	134.8	Other specified infestation (per Index)
	134.9	Infestation, unspecified (per Index)

V0300   Inclusive check (if no match, error) - D045

Diagnosis Table 3005	*374.51*	*Xanthelasma*
Relational Table 3003	272.0	Pure hypercholesterolemia
	272.1	Pure hyperglyceridemia
	272.2	Mixed hyperlipidemia
	272.3	Hyperchylomicronemia
	272.4	Other and unspecified hyperlipidemia
	272.5	Lipoprotein deficiencies
	272.6	Lipodystrophy
	272.7	Lipidoses
	272.8	Other disorders of lipoid metabolism
	272.9	Unspecified disorder of lipoid metabolism

V0300   Inclusive check (if no match, error) - D046

Diagnosis Table 3005	*376.13*	*Parasitic infestation of orbit*
Relational Table 3003	122.3	Echinococcus granulosus infection, other
	122.6	Echinococcus multilocularis infection, other
	122.9	Echinococcosis, other and unspecified
	134.0	Myiasis of orbit

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
             (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D047

Diagnosis Table 3005	376.21	*Thyrotoxic exophthalmos*
	376.22	*Exophthalmic ophthalmoplegia*
Relational Table 3003	242.xx	Thyrotoxicosis
	244.x	Hypothyroidism/Myxedema
	259.9	Unspecified endocrine disorder (per Index)

V0300   Inclusive check (if no match, error) - D048

Diagnosis Table 3005	380.13	*Other acute infections of external ear*
Relational Table 3003	035	Erysipelas
	680.0	Furuncular otitis (per Index)
	684	Impetigo
	690	Erythematosquamous dermatosis (seborrheic dermatitis)

V0300   Inclusive check (if no match, error) - D049

Diagnosis Table 3005	380.15	*Chronic mycotic otitis externa*
Relational Table 3003	111.8	Otomycosis, tropical (per Index)
	111.9	Dermatomycosis, unspecified (otomycosis)
	117.3	Aspergillosis

V0300   Inclusive check (if no match, error) - D050

Diagnosis Table 3005	382.02	*Acute suppurative otitis media in diseases classified elsewhere*
Relational Table 3003	034.1	Scarlet fever
	487.8	Influenza with other manifestations

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE -** CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D051

| Diagnosis Table 3005 | *420.0* | *Acute pericarditis in diseases classified elsewhere* |

Relational Table 3003	006.8	Amebic infection of other sites
	017.9x	Tuberculosis of other specified organs
	039.8	Actinomycotic infections of other specified sites
	116.0	Blastomycosis
	403.x1	Hypertensive renal failure
	404.x2	Hypertensive heart and renal disease with renal failure
	404.x3	Hypertensive heart and renal disease with renal and heart failure
	585	Chronic renal failure (uremia)

V0300   Inclusive check (if no match, error) - D052

| Diagnosis Table 3005 | *421.1* | *Acute and subacute infective endocarditis in diseases classified elsewhere* |

Relational Table 3003	002.0	Typhoid fever
	083.0	Q fever
	116.0	Blastomycosis

V0300   Inclusive check (if no match, error) - D053

| Diagnosis Table 3005 | *422.0* | *Acute myocarditis in diseases classified elsewhere* |

Relational Table 3003	002.0	Typhoid fever
	017.9x	Tuberculosis of other specified organs
	034.1	Scarlet fever (per Index)
	080	Louse-borne typhus, epidemic (per Index)
	081.x	Other typhus (per Index)
	088.81	Lyme Disease
	487.8	Influenza with other manifestations

V0300   Inclusive check (if no match, error) - D054

| Diagnosis Table 3005 | *424.91* | *Endocarditis in diseases classified elsewhere* |

| Relational Table 3003 | 017.9x | Tuberculosis of other specified organs |
| | 710.0 | Systemic lupus erythematosus (atypical verrucous endocarditis [Libman-Sacks] or disseminated lupus erythematosus |

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** -CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D055

Diagnosis Table 3005   *425.7*   *Nutritional and metabolic cardiomyopathy*

Relational Table 3003   242.xx   Thyrotoxicosis
                               243-245   Hypothyroiditis and thyroiditis (per Index)
                               250.8x   Diabetes mellitus with other specified manifestations
                               260-269   Nutritional deficiencies (per Index)
                               271.0   Cardiac glycogenosis
                               277.3   Amyloidosis
                               277.5   Mucopolysaccharidosis
                               277.9   Unspecified disorder of metabolism (per Index)

V0300   Inclusive check (if no match, error) - D056

Diagnosis Table 3005   *425.8*   *Cardiomyopathy in other diseases classified elsewhere*

Relational Table 3003   017.9x   Tuberculosis of other specified organs (per Index)
                               042.x   AIDS (per Index)
                               043.x   ARC (per Index)
                               044.x   HIV Infections (per Index)
                               135   Sarcoidosis
                               334.0   Friedreich's ataxia
                               359.1   Hereditary progressive muscular dystrophy
                               359.2   Myotonic disorders (myotonia atrophica)
                               402.x1   Hypertensive congestive heart failure
                               404.xx   Hypertensive heart and renal disease

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V0300   Inclusive check (if no match, error) - D057

Diagnosis Table 3005   *443.81*   *Peripheral angiopathy in diseases classified elsewhere*

Relational Table 3003   250.7x   Diabetes with peripheral circulatory disorders
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V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D058

| Diagnosis Table 3005 | 456.20 | *Esophageal varices in diseases classified elsewhere - with bleeding* |
| | 456.21 | *Esophageal varices in diseases classified elsewhere - without mention of bleeding* |

Relational Table 3003	070.x	Viral hepatitis
	571.x	Cirrhosis of liver
	572.3	Portal hypertension

V0300   Inclusive check (if no match, error) - D059

| Diagnosis Table 3005 | 484.1 | *Pneumonia in cytomegalic inclusion disease* |

| Relational Table 3003 | 078.5 | Cytomegalic inclusion disease |

V0300   Inclusive check (if no match, error) - D060

| Diagnosis Table 3005 | 484.3 | *Pneumonia in whooping cough* |

Relational Table 3003	033.0	Bordetella pertussis
	033.1	Bordetella parapertussis
	033.8	Whooping cough due to other specified organism
	033.9	Whooping cough, unspecified organism

V0300   Inclusive check (if no match, error) - D061

| Diagnosis Table 3005 | 484.5 | *Pneumonia in anthrax* |

| Relational Table 3003 | 022.1 | Pulmonary anthrax |

V0300   Inclusive check (if no match, error) - D062

| Diagnosis Table 3005 | 484.6 | *Pneumonia in aspergillosis* |

| Relational Table 3003 | 117.3 | Aspergillosis |

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D063

Diagnosis Table 3005   *484.8*   *Pneumonia in other infectious diseases classified elsewhere*

Relational Table 3003   002.0   Typhoid fever
                               078.88   Other specified diseases due to viruses (per Index)
                               078.89   Other specified diseases due to Chlamydiae *(before 10/1/96)*
                               038.8   Metastatic pneumonia NEC (per Index)
                               083.0   Q fever
                               083.8   Other specified rickettsioses (per Index)
                               083.9   Rickettsiosis, unspecified (per Index)
                               104.8   Other specified spirochetal infections (per Index)
                               127.0   Ascariasis (per Index)
                               136.9   Unspecified infectious & parasitic diseases (Index)
                               771.2   Other congenital infections (per Index)

V0300   Inclusive check (if no match, error) - D064

Diagnosis Table 3005   *516.1*   *Idiopathic pulmonary hemosiderosis*

Relational Table 3003   275.0   Disorders of iron metabolism

V0300   Inclusive check (if no match, error) - D065

Diagnosis Table 3005   *517.1*   *Rheumatic pneumonia*

Relational Table 3003   390   Rheumatic fever with no heart involvement

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V0300   Inclusive check (if no match, error) - D066

Diagnosis Table 3005   *517.2*   *Lung involvement in systemic sclerosis*

Relational Table 3003   710.1   Systemic sclerosis

V0300   Inclusive check (if no match, error) - D067

Diagnosis Table 3005   *517.8*   *Lung involvement in other diseases classified elsewhere*

Relational Table 3003   135   Sarcoidosis
                               277.0x   Cystic fibrosis (per children's hospitals)
                               277.3   Amyloidosis
                               710.x   Diseases of connective tissue (per Tabular)

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
                     CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D068

Diagnosis Table 3005	*573.1*	*Hepatitis in viral diseases classified elsewhere*
Relational Table 3003	074.8	Other specified diseases due to Coxsackie virus
	075	Infectious mononucleosis
	078.5	Cytomegalic inclusion disease
	771.1	Congenital cytomegalovirus infection (per Index)

V0300   Inclusive check (if no match, error) - D069

Diagnosis Table 3005	*573.2*	*Hepatitis in other infectious diseases classified elsewhere*
Relational Table 3003	084.9	Other pernicious complications of malaria
	090.0	Early congenital syphilis, symptomatic (per Index)
	095.0	Late congenital syphilis, symptomatic (per Index)

V0300   Inclusive check (if no match, error) - D070

Diagnosis Table 3005	*580.81*	*Acute glomerulonephritis in diseases classified elsewhere*
Relational Table 3003	002.0	Typhoid fever
	032.89	Other specified diphtheria (per Index)
	070.x	Infectious hepatitis
	072.79	Mumps with other specified complications
	421.0	Acute and subacute bacterial endocarditis
	710.0	Systemic lupus erythematosus (per Index)

V0300   Inclusive check (if no match, error) - D071

Diagnosis Table 3005	*581.81*	*Nephrotic syndrome in diseases classified elsewhere*
Relational Table 3003	084.9	Other pernicious complications of malaria
	250.4x	Diabetes with renal manifestations
	277.3	Amyloidosis
	446.0	Polyarteritis nodosa
	710.0	Systemic lupus erythematosus

V0300 **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –CONTINUED
(see guideline on page 381)

V0300 Inclusive check (if no match, error) - D072

Diagnosis Table 3005	*582.81*	*Chronic glomerulonephritis in diseases classified elsewhere*

Relational Table 3003	277.3	Amyloidosis
	710.0	Systemic lupus erythematosus

V0300 Inclusive check (if no match, error) - D073

Diagnosis Table 3005	*583.81*	*Nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere*

Relational Table 3003	016.0x	Tuberculosis of kidney
	090.5	Congenital syphilis (per Index)
	091.69	Secondary syphilis of other viscera (per Index)
	098.19	Other acute gonococcal infections, of upper genitourinary tract
	098.39	Other chronic gonococcal infections, of upper genitourinary tract (per Index)
	250.4x	Diabetes with renal manifestations
	277.3	Amyloidosis
	282.6	Sickle-cell anemia (after 7/11/98)
	446.21	Goodpasture's syndrome
	710.0	Systemic lupus erythematosus

V0300 Inclusive check (if no match, error) - D074

Diagnosis Table 3005	*590.81*	*Pyelitis or pyelonephritis in diseases classified elsewhere*

Relational Table 3003	016.0x	Tuberculosis of kidney

V0300 Inclusive check (if no match, error) - D075

Diagnosis Table 3005	*595.4*	*Cystitis in diseases classified elsewhere*

Relational Table 3003	006.8	Amebic infection of other sites
	039.8	Actinomycotic infection of other specified sites
	120.x	Schistosomiasis [Bilharziasis]
	122.3	Echinococcus granulosus infection, other
	122.6	Echinococcus multilocularis infection, other

V0300 **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
CONTINUED (see guideline on page 381)

V0300 Inclusive check (if no match, error) - D076

| Diagnosis Table 3005 | *598.01* | *Urethral stricture due to infective diseases classified elsewhere* |

Relational Table 3003	095.8	Other specified forms of late symptomatic syphilis
	098.2	Chronic gonococcal infection of lower genitourinary tract
	120.x	Schistosomiasis [Bilharziasis]

V0300 Inclusive check (if no match, error) - D077

| Diagnosis Table 3005 | *601.4* | *Prostatitis in diseases classified elsewhere* |

Relational Table 3003	016.5x	Tuberculosis of other male genital organs
	039.8	Actinomycotic infection of other specified sites
	095.8	Other specified forms of late symptomatic syphilis
	116.0	Blastomycosis

V0300 Inclusive check (if no match, error) - D078

| Diagnosis Table 3005 | *604.91* | *Orchitis and epididymitis in diseases classified elsewhere* |

Relational Table 3003	032.89	Other specified diphtheria
	095.8	Other specified forms of late symptomatic syphilis
	125.x	Filariasis

V0300 Inclusive check (if no match, error) - D079

| Diagnosis Table 3005 | *608.81* | *Disorders of male genital organs in diseases classified elsewhere* |

| Relational Table 3003 | 016.5x | Tuberculosis of other male genital organs |
| | 125.x | Filariasis |

V0300 Inclusive check (if no match, error) - D080

| Diagnosis Table 3005 | *616.11* | *Vaginitis and vulvovaginitis in diseases classified elsewhere* |

| Relational Table 3003 | 099.53 | Venereal diseases of lower genitourinary sites due to chlamydia trachomatis (per Index) |
| | 127.4 | Enterobiasis (pinworm vaginitis) |

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D081

Diagnosis Table 3005	*616.51*	*Ulceration of vulva in diseases elsewhere*

Relational Table 3003	016.7x	Tuberculosis of other female genital organs
	136.1	Behcet's syndrome

V0300   Inclusive check (if no match, error) - D082

Diagnosis Table 3005	*628.1*	*Infertility, female, of pituitary-hypothalamic origin*

Relational Table 3003	253.0	Acromegaly and gigantism
	253.1	Other and unspecified anterior pituitary hyperfunction
	253.2	Panhypopituitarism
	253.3	Pituitary dwarfism
	253.4	Other anterior pituitary disorders
	253.8	Other disorders of the pituitary and other syndromes of diencephalohypophysial origin

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V0300   Inclusive check (if no match, error) - D083

Diagnosis Table 3005	*711.10-* *711.19*	*Arthropathy associated with Reiter's disease and nonspecific urethritis*

Relational Table 3003	099.3	Reiter's disease
	099.4x	Nongonococcal urethritis

V0300   Inclusive check (if no match, error) - D084

Diagnosis Table 3005	*711.20-* *711.29*	*Arthropathy associated with Behcet's syndrome*

Relational Table 3003	136.1	Behcet's syndrome

V0300   Inclusive check (if no match, error) - D085

Diagnosis Table 3005	*711.30-* *711.39*	*Postdysenteric arthropathy*

Relational Table 3003	002.x	Typhoid and Paratyphoid fevers
	008.xx	Infectious enteritis
	009.x	Infectious colitis, enteritis, and gastroenteritis (per Index)

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D086

Diagnosis Table 3005	*711.40-* *711.49*	*Arthropathy associated with other bacterial diseases*
Relational Table 3003	010-018	Tuberculosis
	020-027	Zoonotic bacterial diseases
	030-040	Other bacterial diseases
	090-099	Syphilis and other venereal diseases

V0300   Inclusive check (if no match, error) - D087

Diagnosis Table 3005	*711.50-* *711.56*	*Arthropathy associated with other viral diseases*
Relational Table 3003	045-049	Poliomyelitis and other non-arthropod borne viral diseases of central nervous system
	050-057	Viral diseases accompanied by exanthem
	060-066	Arthropod-borne viral diseases
	070-079	Other diseases due to viruses and Chlamydiae
	480.x	Viral Pneumonia
	487.x	Influenza

V0300   Inclusive check (if no match, error) - D088

Diagnosis Table 3005	*711.60-* *711.69*	*Arthropathy associated with mycoses*
Relational Table 3003	110-118	Mycoses

V0300   Inclusive check (if no match, error) - D089

Diagnosis Table 3005	*711.70-* *711.79*	*Arthropathy associated with Helminthiasis*
Relational Table 3003	125.x	Filariasis

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D090

Diagnosis Table 3005	*711.80-* *711.89*	*Arthropathy associated with other infectious and* *parasitic diseases*

Relational Table 3003	080-088 100-104 130-136	Rickettsioses and other arthropod-borne diseases Other spirochetal diseases Other infectious and parasitic diseases

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V0300   Inclusive check (if no match, error) - D091

Diagnosis Table 3005	*712.10-* *712.19*	*Chondrocalcinosis due to dicalcium phosphate* *crystals*
	712.20- *712.29*	*Chondrocalcinosis due to pyrophosphate crystals*
	712.30- *712.39*	*Chondrocalcinosis, unspecified*

Relational Table 3003	275.4x	Disorders of calcium metabolism

V0300   Inclusive check (if no match, error) - D092

Diagnosis Table 3005	*713.0*	*Arthropathy associated with other endocrine and metabolic* *disorders*

Relational Table 3003	243-244 252.0 253.0 259.9 270.2 272.x 275.0 277.9 279.0x	Hypothyroidism Hyperparathyroidism Acromegaly and gigantism Unspecified endocrine disorder (per Index) Other disturbances of aromatic amino-acid metabolism Lipoid metabolism disorder Disorders of iron metabolism Unspecified disorder of metabolism (per Index) Hypogammaglobulinemia

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V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D093

Diagnosis Table 3005	*713.1*	*Arthropathy associated with gastrointestinal conditions other than infections*
Relational Table 3003	555.x	Regional enteritis
	556	Idiopathic proctocolitis
	569.9	Gastrointestinal disorder (per Index)

V0300   Inclusive check (if no match, error) - D094

Diagnosis Table 3005	*713.2*	*Arthropathy associated with hematological disorders*
Relational Table 3003	202.3x	Malignant histiocytosis
	203.0x	Multiple myelomatosis
	204-208	Leukemia
	282.4	Thalassemias
	282.5	Sickle-cell trait
	282.60	Sickle-cell anemia, unspecified
	282.61	Hb-S disease without mention of crisis
	282.62	Hb-S disease with mention of crisis
	282.63	Sickle-cell/Hb-C disease
	282.69	Other sickle-cell anemia
	282.7	Other hemoglobinopathies
	286.0	Congenital factor VIII disorder
	286.1	Congenital factor IX disorder
	286.2	Congenital factor XI deficiency
	289.9	Hematological disorder (per Index)

V0300   Inclusive check (if no match, error) - D095

Diagnosis Table 3005	*713.3*	*Arthropathy associated with dermatological disorders*
Relational Table 3003	695.1	Erythema multiforme
	695.2	Erythema nodosum
	709.x	Dermatological disorder (per Index)

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D096

Diagnosis Table 3005	*713.4*	*Arthropathy associated with respiratory disorders*
Relational Table 3003	490-519	Respiratory disorders

V0300   Inclusive check (if no match, error) - D097

Diagnosis Table 3005	*713.5*	*Arthropathy associated with neurological disorders*
Relational Table 3003	094.0	Tabes dorsalis neurosyphilis
	250.6x	Diabetes with neurological manifestations
	336.0	Syringomyelia and syringobulbia
	349.9	Neurological disorder (per Index)

V0300   Inclusive check (if no match, error) - D098

Diagnosis Table 3005	*713.6*	*Arthropathy associated with hypersensitivity reaction*
Relational Table 3003	287.0	Allergic purpura (Henoch's purpura)
	995.3	Hypersensitivity reaction, NEC (per Index)
	999.5	Other serum reaction (serum sickness)

V0300   Inclusive check (if no match, error) - D099

Diagnosis Table 3005	*713.7*	*Other general diseases with articular involvement*
Relational Table 3003	135	Sarcoidosis
	277.3	Amyloidosis (Familial Mediterranean fever)

V0300   Inclusive check (if no match, error) - D100

Diagnosis Table 3005	*720.81*	*Inflammatory spondylopathies in diseases classified elsewhere*
Relational Table 3003	002.0	Typhosa (per Index) *(not programmed in this edit)*
	015.0x	Tuberculosis of vertebral column

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** – CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D101

Diagnosis Table 3005	730.70- 730.79	*Osteopathy resulting from poliomyelitis*
Relational Table 3003	045.xx	Poliomyelitis

V0300   Inclusive check (if no match, error) - D102

Diagnosis Table 3005	730.80- 730.89	*Other infections involving bone in diseases classified*
Relational Table 3003	002.0 015.x	Typhoid fever Tuberculosis

V0300   Inclusive check (if no match, error) - D103

Diagnosis Table 3005	731.1	*Osteitis deformans in diseases classified elsewhere*
Relational Table 3003	170.x	Malignant neoplasm - bones

V0300   Inclusive check (if no match, error) - D104

Diagnosis Table 3005	731.8	*Other bone involvement in diseases classified elsewhere*
Relational Table 3003	250.8x	Non-insulin dependent diabetes with other specified manifestations

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V0300   Inclusive check (if no match, error) - D105

Diagnosis Table 3005	737.40	*Curvature of spine, unspecified*
	737.41	*Kyphosis*
	737.42	*Lordosis*
	737.43	*Scoliosis*
Relational Table 3003	015.0x	Tuberculosis of vertebral column
	138	Late effect of acute poliomyelitis
	237.7x	Neurofibromatosis
	252.0	Hyperparathyroidism
	268.1	Late effect of rickets (per Index)
	277.5	Mucopolysaccharidosis
	356.1	Peroneal muscular atrophy
	731.0	Osteitis deformans without mention of bone tumor
	733.0x	Osteoporosis

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D106

Diagnosis Table 3005   *774.0*   *Perinatal jaundice from hereditary hemolytic anemias*

Relational Table 3003   282.x   Anemias

V0300   Inclusive check (if no match, error) - D107

Diagnosis Table 3005   *774.31*   *Neonatal jaundice due to delayed conjugation in diseases classified elsewhere*

Relational Table 3003   243   Congenital hyperthyroidism
                               277.4   Disorders of bilirubin excretion (Crigler-Najjar syndrome; Gilbert's syndrome)

V0300   Inclusive check (if no match, error) - D108

Diagnosis Table 3005   *774.5*   *Perinatal jaundice from other causes*

Relational Table 3003   271.1   Galactosemia
                               277.00   Cystic fibrosis (Mucoviscidosis) without mention of meconium ileus
                               277.01   Cystic fibrosis (Mucoviscidosis) with meconium ileus
                               751.61   Biliary atresia (Congenital obstruction of bile duct)

References: ICD-9-CM Codebook, Conventions used in the Disease Tabular List, Read definition of "Code Also Underlying Disease."

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 38; 1991, page 42; 1994, page 44.

Coding Clinic for ICD-9-CM, AHA, May-Jun 1994, page 6; Jan-Feb 1986, page 9; 2nd Quarter 1993, page 6; Official Guidelines for Coding and Reporting, Rule 1.6.B.